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ABSTRACT

This guide provides users of the Client Assessment Package (CAP)--a system of forms for recording the process of seeking and using information and assistance for educational improvement--with definitions, operational procedures, and instructions necessary to complete the forms accurately. The purposes of CAP are threefold: to help develop an efficient system for gathering data concerning educational information services; to process client data efficiently so that programmatic changes can be based on timely client feedback; and to identify the significant interrelationships among individual, organizational, informational, and service variables in order to improve program efforts. CAP provides the basis for recording client requests for information and assistance in five machine-readable forms: (1) service form, (2) process form, (3) linker form, (4) immediate feedback form, and (5) client assessment form. Tabulations of CAP data, designed to supplement present information service assessment procedures, will include client and request descriptions, as well as the extent of satisfaction with, and utilization of, services. A sample Client Assessment Package, identification numbers, glossary of terms, and an example using CAP are appended. (CWM)

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A GUIDE
TO
THE CLIENT ASSESSMENT PACKAGE

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Doren L. Madey

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

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DURHAM, NORTH CAROLINA

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TABLE OF CONTENTS

		Page
	Acknowledgments	ii
	Introduction	iii
I.	An Overview of the Forms	I-1
II.	General Instructions for Forms Completion	II-1
III.	Instructions for Completion of Forms by Linkers and/or Resource Base Personnel	III-1
	• Service Form	III-2
	• Process Form	III-8
	• Linker Form	III-11
IV.	Instructions for Completion of Client Forms	IV-1
	• Immediate Feedback Form	IV-2
	• Client Assessment Form	IV-9
APPENDIX A.	The Client Assessment Package	A-1
	• Service Form	A-2
	• Process Form	A-9
	• Linker Form	A-11
	• Immediate Feedback Form	A-15
	• Client Assessment Form	A-17
APPENDIX B.	Identification Numbers	B-1
	• State Codes	B-2
	• Regional Codes	B-3
	• Linker Numbers	B-4
APPENDIX C.	Glossary of Terms	C-1
APPENDIX D.	An Example Using CAP	D-1

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Doren L. Madey
Co-director
Evaluation of the State Capacity
Building Program in Dissemination

A GUIDE TO THE CLIENT ASSESSMENT PACKAGE

INTRODUCTION

The purpose of this manual is to provide you with the definitions, operational procedures, and instructions necessary to complete the forms in the Client Assessment Package (CAP) accurately. CAP is designed to help you improve your state's educational information services and to record service usage. There are eight sections to this manual:

I. An Overview of the Forms

II. General Instructions for Forms Completion

III. Instructions for Completion of Forms By Linkers and/or Resource Base Personnel

- Service Form
- Process Form
- Linker Form

IV. Instructions for Completion of Client Forms

- Immediate Feedback Form
- Client Assessment Form

Appendix A. The Client Assessment Package

- Service Form
- Process Form
- Linker Form
- Immediate Feedback Form
- Client Assessment Form

Appendix B Identification Numbers

- State Codes
- Regional Codes
- Linker Numbers

Appendix C. Glossary of Terms

Appendix D. An Example Using CAP

The three-ring binder format for the Guide itself is deliberately open-ended to permit continual addition and/or deletion of materials. Users of the Guide may add specific instructions and other customizations as appropriate. The Guide, like the Client Assessment Package, may be used in part or in its entirety. To facilitate use, the instructions for specific forms are designed to stand alone.

The purposes of the Client Assessment Package are threefold: (1) to help develop an efficient system for gathering data concerning educational information services; (2) to process client data efficiently so that programmatic changes can be based on timely client feedback; and (3) to identify the significant interrelationships among individual, organizational, informational, and service variables in order to improve program efforts.

CAP provides the basis for recording client requests for information and assistance in a machine-readable format. CAP is designed to supplant, supplement, or fill a void in present information service assessment procedures. Tabulation of CAP data will include descriptions of the types of clients being served, types of requests, and the extent of satisfaction with, and utilization, of services. Data collected from these forms also will be subjected to more rigorous analyses to delineate the interrelationships involved in order eventually to maximize service satisfaction and utilization in an effective and efficient manner.

For additional information regarding the Client Assessment Package, the reader is referred to Madey, D. L. and Everett, M., "Assessing Educational Information Services Through a Nationwide Data Base", Durham, North Carolina: NTS Research Corporation, March 1978. For specific questions regarding the use of the Client Assessment Package, please contact the Dissemination Study Staff at:

NTS Research Corporation
2634 Chapel Hill Blvd.
Durham, North Carolina 27707
800/334-0077 (toll-free number) or
919/493-3451

I. AN OVERVIEW OF THE FORMS

The Client Assessment Package is comprised of five separate forms:

- Service Form
- Process Form
- Linker Form
- Immediate Feedback Form
- Client Assessment Form

The five forms have been developed and revised in collaboration with participating services like yours. All five forms are machine-readable; that is, they will be scanned optically and the results tabulated in a fraction of the time required in the past. This will facilitate analysis and subsequent feedback to you.

Initially, it may take a little while to become accustomed to completing the machine-readable forms, but soon you will be able to complete any form in two to five minutes. Actual copies of each machine-readable form are included in Appendix A.

Before describing each form, a few comments regarding the overall process for using the CAP may be helpful. The first form, the Service Form, is completed by the person the client first contacts (either a linker or, in some cases, a resource base staff member). The second form, the Process Form, is completed by the individual (a resource base person) who conducts the actual information search and retrieval process. The Linker Form is completed just one time by each linker, although it may be updated on an annual basis. The Client Immediate Feedback Form is completed by the client with, or after receipt of, the materials and/or personal assistance. The Client Assessment Form is completed by a subsample of these clients at least six weeks after receipt of the original package and/or assistance.

A unique code comprised of state, region, linker, and service numbers will be assigned to each request. Thus, all forms in the package can be linked with the unique code; each search then can be associated with the appropriate client utilization and satisfaction data while still maintaining anonymity of individuals.

Brief descriptions of each form in the Client Assessment Package follow:

SERVICE FORM - The Service Form includes nineteen data items to be completed by the linker or resource base person who takes the request for information and/or assistance. Its purpose is to communicate information about the client and the nature of the client's request. The completion of this form initiates the overall process of providing dissemination service to clients.

PROCESS FORM - The Process Form is designed to identify the various methods by which resource base personnel handle a client's request. It is a short form, including only four items.

LINKER FORM - The Linker Form, which is completed only one time by each linker, compiles data on the characteristics of linkers, including their levels of expertise in various educational areas. It is comprised of six items, three of which contain several dimensions.

IMMEDIATE FEEDBACK FORM - The Immediate Feedback Form is completed by the client in order to ascertain the level of satisfaction with, and the perceived utility of, the assistance received. It consists of eleven items.

CLIENT ASSESSMENT FORM - The Client Assessment Form is sent to a sample of clients to rate the utility of the various types of assistance received and to further discriminate satisfaction levels. It is comprised of twelve items, the last two being optional. Clients should be encouraged to complete all items in order to maximize the usefulness of the data.

The Client Assessment Package records the process of seeking and using information and assistance for educational improvement.

The five forms serve to collect data in seven areas:

- individual client characteristics
- organizational characteristics
- request characteristics
- linker expertise
- process characteristics
- client satisfaction
- service utilization

The resource base personnel, linkers, and clients share responsibility for supplying these data by completing different forms. The assumption is that these seven areas interrelate in various ways to affect levels of client satisfaction and service utilization.

In your state, the process for using CAP is as follows:

(Note for Project Directors: this paragraph must be prepared by you and your staff. Please insert customized instructions for your state in place of this page and mail one copy of same to NTS Research Corporation. Points to cover in this section include: who completes each form, when forms are to be completed, what forms and/or items on particular forms are not being used in your state, and how and when clients will receive the Immediate Feedback Form and Client Assessment Form. Since the forms are machine-readable, they cannot be folded. All forms should be mailed in a 9" X 12" (or larger) envelope. All forms delivered to clients should be accompanied by a prepaid, self-addressed envelope of this same size. (Hint: the return envelope can be folded in half when placed in the mailing envelope). Your project should mail all collected forms to NTS for processing on approximately the first of each month. All NTS processing will be completed by the tenth of each month.)

II. GENERAL INSTRUCTIONS FOR FORMS COMPLETION

As a linker or resource base person, you will be responsible for completing the first two or three forms in the Client Assessment Package. There are some general instructions for completing machine scored forms. Please read these directions carefully, even if you have completed similar forms in the past. Accurate data analysis depends upon properly completed forms.

1. USE A NO. 2 LEAD PENCIL

   Optical scanners "read" only their own language, that is, a No. 2 lead pencil. If you write in pen or any other type of pencil, the machine will not be able to read it. Therefore, for marking answers, use a No. 2 lead pencil only.

2. FILL IN ALL CIRCLES COMPLETELY ●

   It is very helpful in machine scoring if the response circles are filled in completely. This will lower the error rate for the scoring. Do not make an "X" or a "✓" in the circle (e.g., ⊗, ⊘) as the computer may miss your response. Instead, fill in the circle completely (e.g., ●).

3. READ THE DIRECTIONS FOR EACH ITEM CAREFULLY

   For some items, you will be instructed to choose as many responses as apply. Unless you are directed otherwise, choose only one response per item.

4. MAKE NO STRAY MARKS ON THE FORMS

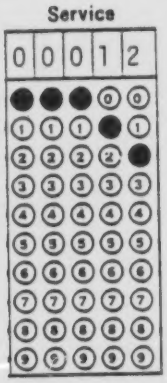
   Because the computer reads No. 2 lead pencil marks, it may read any stray marks you make. Therefore, it is important that you make no stray marks on the forms. Make no marks outside of the circles, except where requested. Written information should be given only where boxes have been supplied and all written information should be placed completely within the lines of the boxes.

5. ERASE MISTAKES COMPLETELY

   An optical scanner is very sensitive to the lead marks made by the pencil. Unless mistakes are completely erased, it may still read an incorrect response. Be sure to erase completely any answers you wish to change.

6. RIGHT JUSTIFY ALL NUMBERS

When entering a number, the significant digits should be placed in the right-most circles of the response field. Zeros should be used to fill the remaining spaces, and all corresponding circles should be blackened. For example, the number "12" would be entered as illustrated by the example below.



7. COMPLETE THE ENTIRE FORM

The value of the recommendations for improved educational information services based on CAP depends on accurate and complete information. You are the provider of this information, so please complete each form in its entirety. Other individuals who complete forms also should be requested to complete their forms in their entirety by following the general instructions presented in this section.

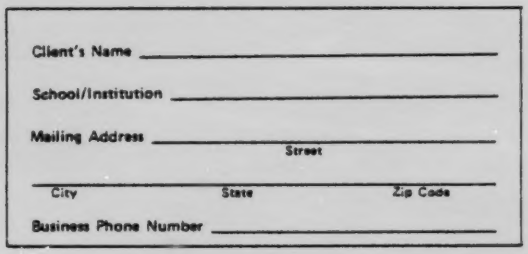
III. INSTRUCTIONS FOR COMPLETION OF FORMS BY LINKERS AND/OR RESOURCE BASE PERSONNEL

This section contains instuctions for completing the three forms to be completed by linkers and/or resource base personnel: Service Form, Process Form, and Linker Form. Only those items which may be ambiguous are explained in detail. Actual items are included in each explanation; however, in some of the examples, shortened versions of the actual items are used to save space. (The two forms to be completed by clients, the Immediate Feedback Form and Client Assessment Form, are described in Section IV.)

SERVICE FORM

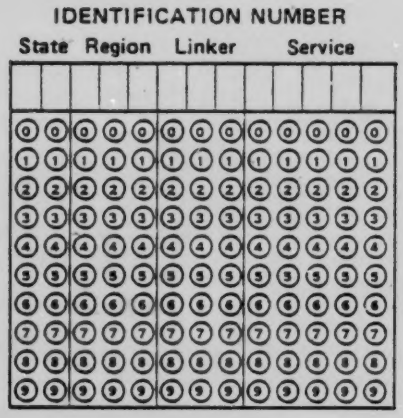
The Service Form consists of a nineteen item data field to be completed by the linker or resource base person who takes the initial request for information and/or assistance. Its purpose is to communicate information about the client and the nature of the client's request. The completion of this form initiates the overall process of providing dissemination service to clients. There are some items which can be completed after other items have been completed; if the request is by telephone, it may be best to complete these items after the telephone request has been concluded.

CLIENT IDENTIFICATION



The client's name, school or institution, mailing address and business phone number are to be entered on this form for the purpose of completing the client's request. These fields of information will not be read by the computer.

IDENTIFICATION NUMBER



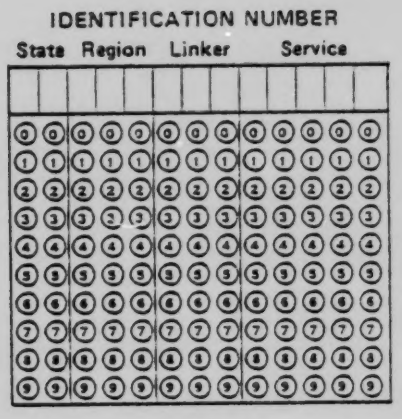
The identification number serves to link all five forms in CAP for a given request. THIS ID NUMBER MUST BE COMPLETED ACCURATELY TO INSURE VALID PROCESSING. The identification number is composed of four parts: (1) state code; (2) regional code; (3) linker or resource base person number; and (4) request number.

In order to complete this information, fill out this number as follows:

1. Put your state code in the leftmost boxes of each form. (A list of state codes is provided in Appendix B.) Then fill in the appropriate circles below.

2. Where applicable, Regional Codes for your state are listed in Appendix B. If you have no regional codes, use "000" in these spaces. Then fill in the appropriate circles below.

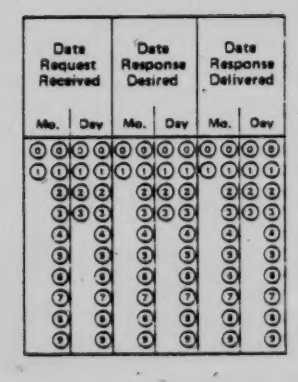
IDENTIFICATION NUMBER



3. Put in the linker or resource person number in the next three spaces. For purposes of of these forms, resource base personnel also must be assigned linker numbers for those cases in which the request comes directly to the resource base and is not mediated through a linker. (You will be assigned one number to use each and every time you complete the forms. Where applicable, linker codes for your state are listed in Appendix B.) Fill in the appropriate circles below.

4. Fill in the service number in a sequential manner using the procedures you now use. Remember to fill in all boxes. If there are blank spaces, use zeros to fill them in. For example, if this is service number "25", write "00025" in the five boxes provided. Fill in the appropriate circles below. If service numbers are assigned by the resource base, these boxes should be left completely blank and completed by appropriate resource base personnel upon receipt of the request from you.

DATES

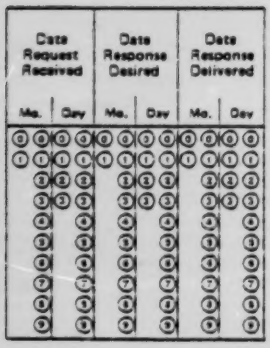


There are three dates you need to complete for this item.

1. The date on which the request was received by the linkage agent or resource base personnel.

2. The date by which the ultimate client desires or needs the information and/or assistance. This is to be completed at the same time that the request date is entered.

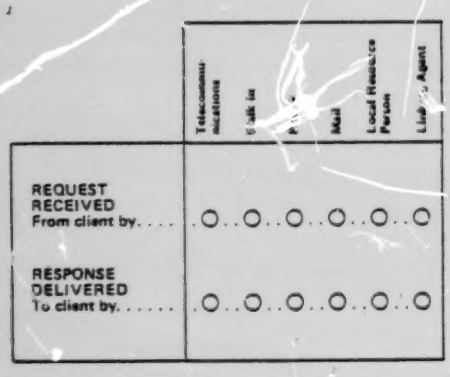
   By ultimate client, we mean the original requestor of the information and/or assistance and the



ultimate receiver of this information and/or assistance.

3. The date on which the response was delivered to the ultimate client. This date is to be entered when the Process Form is completed.

DELIVERY SYSTEMS



This item is designed to identify the request and delivery of information and/or assistance modes. There are two portions to it:

1. How the request was received from the ultimate client (e.g., by phone, walk-in, mail). This portion is to be completed at the time the request is made.

2. How the response was delivered to the ultimate client. This portion is to be completed when the Process Form is completed.

ITEM NO. 1

1. Is the client a:

- ○ first time user
  (If client is a first time user, please skip question 2.)
- ○ repeat user

If the client has never used your service before, fill in completely the circle preceding "first time user." If the client has used your service before, fill in completely the circle preceding "repeat user."

If the client is a first-time user, please skip Item 2 and go to Item 3.

If the client is a repeat user, please answer Item 2 before going to Item 3.

ITEM NO. 2

This item is to be completed only if the client is a repeat user.

2.a. Is repeat use for:

- ○ single problem follow-up
- ○ another problem

2a. If the client is a repeat user, determine if repeat use is for single problem follow-up (i.e., more materials or assistance for a problem for which your service's assistance has previously been requested) or for another

problem (i.e., a new request on another topic).

b. Please estimate the number of times of prior use by client.

2b. Estimate the number of times the client has used your service in the past. Include both uses for single problem follow-up and new problems.

If your estimate of the prior number of times used by client is "15", fill in completely the "5" circle in the "units" row and the "1" circle in the "tens" row.

If your estimate of the number of times of prior use by client is "3", fill in completely the "3" circle in the "units" row and the "0" circle in the "tens" row.

ITEM NO. 3 — Self-Explanatory. Please confine the narrative description to within the given box.

ITEM NO. 4 — Self-Explanatory. This item can be completed after the rest of the items have been completed.

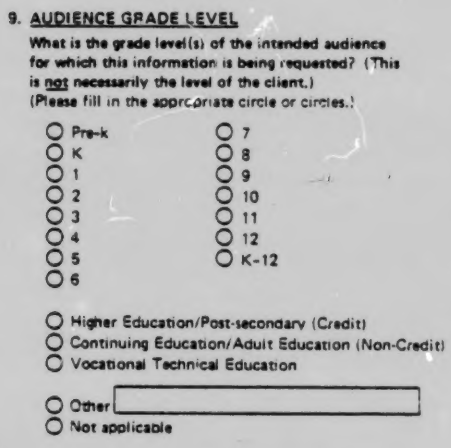
ITEM NO. 5 — Self-Explanatory.

ITEM NO. 6 — Self-Explanatory. In the event that all searches are conducted in the same manner, this item can be precoded.

ITEM NO. 7 — Self-Explanatory.

ITEM NO. 8 — Self-Explanatory. This item can be completed after all other items have been completed.

ITEM NO. 9



9. AUDIENCE GRADE LEVEL

What is the grade level(s) of the intended audience for which this information is being requested? (This is not necessarily the level of the client.)
(Please fill in the appropriate circle or circles.)

- Pre-k
- K
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- K-12

- Higher Education/Post-secondary (Credit)
- Continuing Education/Adult Education (Non-Credit)
- Vocational Technical Education
- Other
- Not applicable

Indicate the grade level of the intended audience for this information, not the client's own academic level. For example, a teacher requests information on solar energy for his/her eleventh grade class. You would blacken the circle preceding "11" to respond to Item 9. If a principal requests information about reading programs for first, second, and third graders, you would blacken the circles preceding "1", "2", and "3".

ITEM NO. 10 — Self-Explanatory.

ITEM NO. 11 — Self-Explanatory.

ITEM NO. 12 — Self-Explanatory.

ITEM NO. 13 — Self-Explanatory.

ITEM NO. 14* — Self-Explanatory.

ITEM NO. 15* — Self-Explanatory.

ITEM NO. 16* — Self-Explanatory.

ITEM NO. 17* — Self-Explanatory. Indicate how long the client has been employed in the field of education.

ITEM NO. 18* — Self-Explanatory. Please note that there are two parts to this item.

* If this client is a repeat user and this information can be retrieved from a previous Service Form, these items can be completed after all other items have been completed.

ITEM NO. 19

19. CATEGORY

(For what area(s) has the client requested information? Please fill in all circles that apply.)

Curriculum Areas

- ○ Art Education
- ○ Business Education
- ○ Consumer Education
- ○ Dramatics
- ○ Driver Education
- ○ Drug/Alcohol Education
- ○ Environmental Education
- ○ Ethnic Studies
- ○ Foreign Language Arts
- ○ Health Education
- ○ Home Economics
- ○ Language Arts
- ○ Literature
- ○ Mathematics
- ○ Metric Education
- ○ Music Education
- ○ Nutrition
- ○ Physical Education
- ○ Reading
- ○ Religion
- ○ Safety Education
- ○ Science
- ○ Sex Education
- ○ Social Studies
- ○ Vocational Education

Services

- ○ Child Care (Day Care)
- ○ Child Welfare
- ○ Conferences
- ○ Consultations
- ○ Counseling/Guidance
- ○ Demonstrations
- ○ Diagnostics
- ○ Information Dissemination
- ○ Information Retrieval
- ○ Instruction
- ○ Learning Center/Library
- ○ Media/Materials
- ○ Media Production
- ○ Medical & School Health
- ○ Organizational Development
- ○ Parents
- ○ Personal Custodial Care
- ○ Psychiatric
- ○ Psychological
- ○ Rehabilitation
- ○ Remediation
- ○ Research
- ○ Residential
- ○ Staff Development
- ○ Statistics

In this item, there are seven broad categories, with multiple subcategories, from which you may choose to respond. More than one major category and subcategory may be appropriate. Please check all that apply.

First, from among the seven broad areas (Curriculum Areas; Services; Administrative Areas; Concept or Skill Areas; Learners with Special Needs; Special Programs; Program Planning, Development and Evaluation) decide where you would classify the client's request.

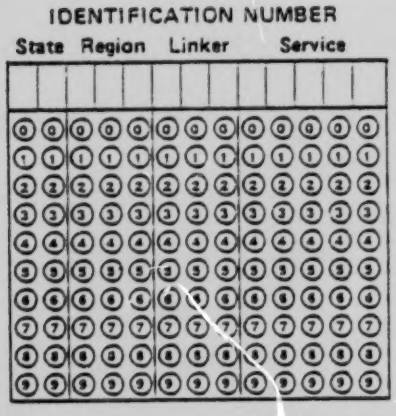
Then, identify the subcategories which would further classify the request by filling in all of the circles which would categorize the request. (The complete Item 19 does not appear in this example; please refer to Appendix A for the complete item.) This item can be completed after other items have been completed.

Please Note: If the requestor is a repeat user and requestor characteristic information can be retrieved from a previous Service Form, the only items which must be completed during the actual request negotiation are the "Date Response Desired" and Items 1-3, 5-7, and 9-13. All other information can be completed after the request has been negotiated and in the absence of the requestor. This includes "Client Identification," "Identification Number", "Date Request Received," "Mode of Request," and Items 4, 8, and 14-19. However, all of the items should be completed before the form is submitted for processing.

PROCESS FORM

The Process Form is designed to identify the various methods by which resource base personnel handle a client's request. It is a short form, comprised of only four items.

IDENTIFICATION NUMBER



The identification number serves to link all five forms in CAP for a given request. THIS ID NUMBER MUST BE COMPLETED ACCURATELY TO INSURE VALID PROCESSING. The identification number is composed of four parts: (1) state code; (2) regional code; (3) linker or resource base person number; and (4) request number. Record the ID number from the Service Form exactly as it appears. If it has not been completed, fill out the ID number as follows:

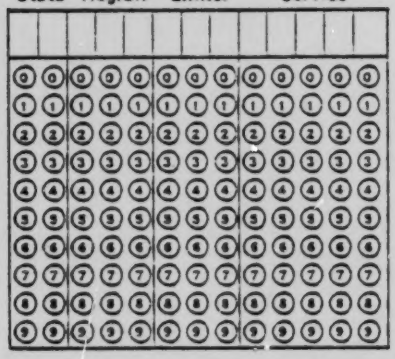
1. Put your state code in the left-most boxes of each form. (A list of state codes is provided in Appendix B.) Then fill in the appropriate circles below.

2. Where applicable, Regional Codes for your state are listed in Appendix B. If you have no regional code, use "000" in these spaces. Then fill in the appropriate circles below.

3. Put in the linker or resource person number in the next three spaces. For purposes of these forms, resource base personnel also must be assigned linker numbers for those cases in which the request comes directly to the resource base and is not mediated through a linker. (You will be assigned one number to use each and every time you complete the forms. Where applicable, linker codes for your state are listed in Appendix B.) Fill in the appropriate circles below.

IDENTIFICATION NUMBER

State Region Linker Service



4. Fill in the service number in a sequential manner using the procedures you now use. Remember to fill in all boxes. If there are blank spaces, use zeros to fill them in. For example, if this is service number "25", write "00025" in the five boxes provided. Fill in the appropriate circles below.

ITEM NO. 1

1. **If your agency did not formulate the problem statement, please rate the quality of the problem statement.** (Please fill in one circle.)

   ○ Immediately useable

   ○ Useable, some interpretation

   ○ Unuseable, needed to recontact linker or original requestor

Give your personal estimation of the adequacy of the problem statement from the service form. (If someone internal to the resource base prepared the problem statement, you need not complete this item.)

ITEM NO. 2

Self-Explanatory.

ITEM NO. 3

Self-Explanatory.

ITEM NO. 4

4. How many of the following were provided to requestor? (If any of the following materials were provided, please fill in appropriate circles.)

	1-2	3-5	6-10	11-25	26-50	51-100	More than 100
Bibliographic Citations without Abstracts (Computerized bibliography)	①	②	③	④	⑤	⑥	⑦
ERIC Abstracts	①	②	③	④	⑤	⑥	⑦
ERIC Documents							
In Photocopy form	①	②	③	④	⑤	⑥	⑦
In Microfiche form	①	②	③	④	⑤	⑥	⑦
Non-computerized Bibliography	①	②	③	④	⑤	⑥	⑦
Journal Articles							
In Photocopy form	①	②	③	④	⑤	⑥	⑦
In Microfiche form	①	②	③	④	⑤	⑥	⑦
Professional Materials							
In Photocopy form	①	②	③	④	⑤	⑥	⑦
In Microfiche form	①	②	③	④	⑤	⑥	⑦
Program/Project Descriptions	①	②	③	④	⑤	⑥	⑦
Prepackaged Information	①	②	③	④	⑤	⑥	⑦
Human Resource References	①	②	③	④	⑤	⑥	⑦
Curriculum/Instructional Materials	①	②	③	④	⑤	⑥	⑦
Audio-visual Materials	①	②	③	④	⑤	⑥	⑦
Other (please describe) [ ]	①	②	③	④	⑤	⑥	⑦

This item supplies a listing of eleven potential resources which may help satisfy a client's request.

If any of these terms are unfamiliar to you, please consult the Glossary of Terms in Appendix C of this manual.

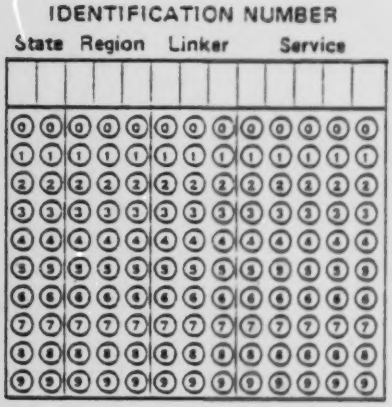
If any of the listed materials were provided to the client, please indicate the number of each type by filling in the appropriate circles.

If other material(s) and/or assistance were provided, please describe it (them) in the box provided and indicate the appropriate numbers.

LINKER FORM

The Linker Form, which is completed only one time by each linker, compiles data on the characteristics of linkers, including their levels of expertise in various educational areas. The form is comprised of six items, three of which contain several dimensions. Information collected using this form may be used by you to provide customized assistance to clients, to develop training materials, or to aid in the development of a human resource file. States may wish to update their Linker Forms on an annual basis.

IDENTIFICATION NUMBER



The identification number serves to link all five forms in CAP for a given request. THIS ID NUMBER MUST BE COMPLETED ACCURATELY TO INSURE VALID PROCESSING. The identification number is composed of four parts: (1) state code; (2) regional code; (3) linker number; and (4) request number. In order to complete this information fill out this number as follows:

1. Put your state code in the two left-most boxes of each form. A list of state codes is provided in Appendix B. Then fill in the appropriate circles below.

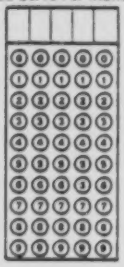
2. Use the regional code currently assigned your region by the state. If you have no regional code or serve an area larger than one region, use "000" in these spaces. Where applicable, Regional Codes are listed in Appendix B.

3. Put in your linker number in the next three spaces. (You will be assigned one number to use each and every time you complete the other forms in the package.)

4. Use "00000" to fill in the service number on the Linker Form only.

CLIENTS SERVED

Approximate Number of Clients You Serve Per Month



Estimate the number of clients you serve directly each month. Use twelve months rather than the nine-month school year to estimate your average client load. For example, if you serve approximately 100 clients each month, write in "00100" in the five boxes provided and fill in the corresponding circles. If you have not yet begun providing services, enter "00000".

ITEM NO. 1

Self-Explanatory.

ITEM NO. 2

Self-Explanatory.

ITEM NO. 3

Indicate the degree to which you provide each of these types of services. If you have not yet begun providing services, indicate "Never" for each type of service.

3. To what extent do you perform the following functions in your role as linking agent?

	Never				Usually
Spread of information through media, printed materials, and other one-way methods to clients.	①	②	③	④	⑤
Exchange of information between clients and the information resource base	①	②	③	④	⑤
Encouragement or training to enhance decision-making skills which enable a choice of information and activity from alternatives.	①	②	③	④	⑤
Assisting clients in implementing new methods.	①	②	③	④	⑤

ITEM NO. 4

Indicate the duration of your employment in the field of education.

4. PROFESSIONAL EXPERIENCE IN EDUCATION (Please fill in one circle.)

- 0 to 2 years ○
- 3 to 5 years ○
- 6 to 10 years ○
- 11 or more years ○

ITEM NO. 5

5. Linkers come from different backgrounds with different types of training and experience. For the content areas listed below, please indicate whether you have substantial expertise or some expertise by filling in the appropriate circle. If you have little or no expertise, leave the circles blank.

Substantial Expertise / Some Expertise	Curriculum Areas
○ ○	Art Education
○ ○	Business Education
○ ○	Consumer Education
○ ○	Dramatics
○ ○	Driver Education
○ ○	Drug/Alcohol Education
○ ○	Environmental Education
○ ○	Ethnic Studies
○ ○	Foreign Language Arts
○ ○	Health Education
○ ○	Home Economics
○ ○	Language Arts
○ ○	Literature
○ ○	Mathematics
○ ○	Metric Education
○ ○	Music Education
○ ○	Nutrition
○ ○	Physical Education
○ ○	Reading
○ ○	Religion
○ ○	Safety Education
○ ○	Science
○ ○	Sex Education
○ ○	Social Studies
○ ○	Vocational Education
○ ○	Other [ ]

Substantial Expertise / Some Expertise	Services
○ ○	Child Care (Day Care)
○ ○	Child Welfare
○ ○	Conferences
○ ○	Consultations
○ ○	Counseling/Guidance
○ ○	Demonstrations
○ ○	Diagnostics
○ ○	Information Dissemination
○ ○	Information Retrieval
○ ○	Instruction
○ ○	Learning Center/Library
○ ○	Media/Materials
○ ○	Media Production
○ ○	Medical & School Health
○ ○	Organizational Development
○ ○	Parents
○ ○	Personal Custodial Care
○ ○	Psychiatric
○ ○	Psychological
○ ○	Rehabilitation
○ ○	Remediation
○ ○	Research
○ ○	Residential
○ ○	Staff Development
○ ○	Statistics
○ ○	Teacher Center

This item attempts to assess accurately the types of expertise linkers such as yourself possess. You are asked to rate your level of expertise in the same seven areas and their corresponding subareas which are listed on the Process Form. Please leave the circles blank for areas in which you have little or no expertise.

"Substantial expertise" can be defined operationally as the ability to give a lecture on the topic to a group of peers with a minimal amount of additional preparation. If you feel confident in lecturing on a given topic, indicate "substantial expertise" for its subarea. "Some expertise" represents a lower order knowledge of the topic including, perhaps, knowledge of relevant appropriate terminology, relevant literature, recognized authorities, and current issues. (The complete Item 5 does not appear in this example; please refer to Appendix A for the complete item.)

ITEM NO. 6

This item asks you to indicate the extent to which you currently perform a number of functions in your present role and the extent to which you would like to perform those functions in an ideal world. Please fill in one circle for both the "real" and the "ideal" for each of the functions listed.

6. This question is comprised of two parts, one for the "real" world in which you work and one for the "ideal" world in which you would like to work. First, in the column marked "REAL," please estimate the extent to which you perform each of the following functions in your role as linking agent. Second, in the column marked "IDEAL," please estimate the extent to which you would perform the same functions in your role as linking agent in an ideal world.

	"REAL" Never				"REAL" Almost Always	"IDEAL" Never				"IDEAL" Almost Always
Collecting and organizing information (e.g., securing and arranging information for client problems)	①	②	③	④	⑤	①	②	③	④	⑤
Analyzing information (e.g., determining the relevance of information to client problems)	①	②	③	④	⑤	①	②	③	④	⑤
Analyzing problems (e.g., translating client problems into informational and resource needs)	①	②	③	④	⑤	①	②	③	④	⑤
Monitoring ideas (e.g., keeping abreast of recent educational practices and innovations)	①	②	③	④	⑤	①	②	③	④	⑤
Managing conflict (e.g., helping others resolve discord)	①	②	③	④	⑤	①	②	③	④	⑤
Intervening (e.g., proactively seeking client needs)	①	②	③	④	⑤	①	②	③	④	⑤
Communicating (e.g., maintaining open personal communication with clients)	①	②	③	④	⑤	①	②	③	④	⑤
Disseminating (e.g., sharing information with clients in a two-way process)	①	②	③	④	⑤	①	②	③	④	⑤
Planning (e.g., preparing for future needs and services)	①	②	③	④	⑤	①	②	③	④	⑤
Marketing (e.g., promoting awareness of available services)	①	②	③	④	⑤	①	②	③	④	⑤
Implementing (e.g., assisting clients to install a new procedure)	①	②	③	④	⑤	①	②	③	④	⑤
Producing (e.g., developing materials or procedures for client utilization)	①	②	③	④	⑤	①	②	③	④	⑤
Influencing (e.g., promoting concepts and ideas for client utilization)	①	②	③	④	⑤	①	②	③	④	⑤

IV. INSTRUCTIONS FOR COMPLETION OF CLIENT FORMS

Although you will not be responsible for completing Immediate Feedback Forms or Client Assessment Forms, you may be responsible for delivering such forms to clients and may be called upon for assistance by clients. For this reason, both forms are explained in this section. As in the previous section, only those items which may be ambiguous are explained in detail. Actual items are included in each explanation; however, in some examples, shortened versions of the actual items are used to save space.

Each client who receives either the Immediate Feedback Form or the Client Assessment Form also should receive the following materials:

- Customized cover letter (prepared by appropriate personnel or office)
- Instructions for completing the form
- Appropriate form

Sample cover letters, instructions for completing the forms, and item explanations are included in this section.

The Immediate Feedback Form and Client Assessment Form are designed so states can determine their own time-lines for distributing each form. It is recommended that the Immediate Feedback Form be distributed either with the information and/or assistance or shortly thereafter (within two weeks). It is further recommended that the Client Assessment Form be distributed to clients no sooner than six weeks and no later than one year after the provision of services.

SAMPLE COVER LETTER FOR THE IMMEDIATE FEEDBACK FORM

(Inside Address and Date)

(Project name) is making continuing efforts to improve its services. One means of doing this is through feedback from users like you about the information and/or assistance provided. Your evaluation of the services provided will be appreciated.

Please complete the Immediate Feedback Form, using your request of (request date) regarding (problem statement).

Please follow the instructions provided. (Note to project directors: enclose copies of pp. IV-3 & 4 from this manual and delete this sentence.) Please read the general instructions for machine-readable forms carefully, even if you have completed similar forms in the past. Accurate analysis of your responses depends upon properly completed forms.

You may return the machine-readable form in the enclosed stamped, self-addressed envelope. Please unfold the envelope before enclosing your Immediate Feedback Form. Since the optical scanner cannot "read" mutilated forms, please do not fold or bend your form in any way.

Thank you for your cooperation and assistance. If you have any questions, please call us at (project's or linker's number).

Sincerely yours,

(Name of sender)
(Title of sender)

Enclosures

GENERAL INSTRUCTIONS FOR COMPLETING THE IMMEDIATE FEEDBACK FORM

1. USE A NO. 2 LEAD PENCIL

   Optical scanners "read" only their own language, that is, a No. 2 lead pencil. If you write in pen or any other type of pencil, the machine will not be able to read it. Therefore, for marking answers, use a No. 2 lead pencil only.

2. FILL IN ALL CIRCLES COMPLETELY ●

   It is very helpful to machine scoring if the response circles are filled in completely. This will lower the error rate for the scoring. Do not make an "X" or a "✓" in the circle (e.g., ⊗, ⊘) as the computer may miss your response. Instead, fill in the circle completely (e.g., ●).

3. READ THE DIRECTIONS FOR EACH ITEM CAREFULLY

   For some items, you will be instructed to choose as many responses as apply. Unless you are directed otherwise, choose only one response per item.

4. MAKE NO STRAY MARKS ON THE FORMS

   Because the computer reads No. 2 lead pencil marks, it may read any stray marks you make. Therefore, it is important that you make no stray marks on the forms. Make no marks outside of the circles, except where requested. Written information should be given only where boxes have been supplied and all written information should be placed completely within the lines of the boxes.

5. ERASE MISTAKES COMPLETELY

   An optical scanner is very sensitive to the lead marks made by the pencil. Unless mistakes are completely erased, it may still read an incorrect response. Be sure to erase completely any answers you wish to change.

6. RIGHT JUSTIFY ALL NUMBERS

   When entering a number, the significant digits should be placed in the right-most circles of the response field. Zeros should be used to fill the remaining spaces and all corresponding circles should be blackened.

7. COMPLETE THE ENTIRE FORM

   The success of this project and the recommendations for improved educational information services depend on accurate and complete information. You are the provider of this information, so please complete each form in its entirety.

SPECIFIC INSTRUCTIONS FOR COMPLETING THE IMMEDIATE FEEDBACK FORM

In order to guide your responses, the following specific instructions might be helpful.

Items 4, 5 and 7 to 10 present a five-point scale for assessing the level of satisfaction with the service. All extreme negative responses are at the far left; extreme positive responses on the far right. The central choice should indicate a true mid-point, that is, if you feel neither positive nor negative or have equally mixed feelings about the item. The second and fourth choices should indicate "somewhat negative" and "somewhat positive," respectively.

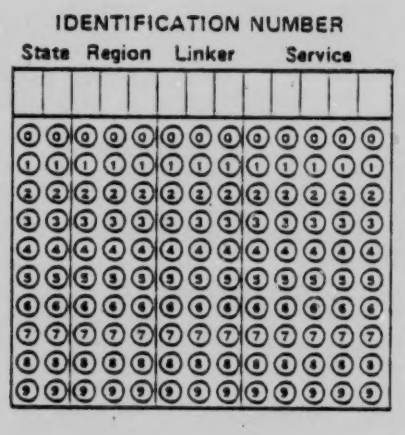
For Item 6, the mid-point of this item is not neutral or mixed, but rather "right on time."

Feel free to make any comments about this service you wish in Item 11, but make sure all written responses fall within the lines of the box.

IMMEDIATE FEEDBACK FORM

The Immediate Feedback Form is completed by the client to assist in ascertaining levels of satisfaction with, and the perceived utility of, the information and/or assistance received. This form consists of eleven items. The Identification Number should be precoded. Item 2 concerns materials; Item 3 concerns personal assistance; Items 4 through 8 concern materials and/or personal assistance. The other items refer to the services in general. The Immediate Feedback Form is designed to be sent out with, or shortly following, the information and/or assistance provided to the client. These detailed item explanations are provided for general project staff. Under normal circumstances, these instructions would not be sent to clients.

IDENTIFICATION NUMBER



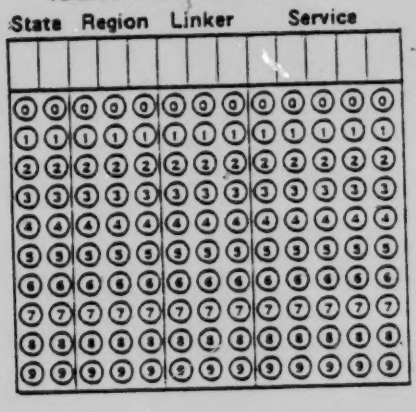
The Identification Number serves to link all five forms in CAP for a given request. Before giving the Immediate Feedback Form to the client, complete the Identification Number by filling in the appropriate circles. Copy the number from the Service Form or Process Form. If it has not been completed, fill in the Identification Number as follows:

1. Put your state code in the left-most boxes of each form. (A list of state codes is provided in Appendix B.) Then fill in the appropriate circles below.

2. Where applicable, Regional Codes for your state are listed in Appendix B. If you have no regional code, use "000" in these spaces. Then fill in the appropriate circles below.

3. Put in the linker or resource person number in the next three spaces. For purposes of these forms, resource base personnel also must be assigned linker numbers for those cases in which the request comes directly to the resource base and is not mediated through a linker. (You will be assigned one number to use each and every time you

IDENTIFICATION NUMBER



complete the forms. Where applicable, linker codes for your state are listed in Appendix B.) Fill in the appropriate circles below.

4. Fill in the service number in a sequential manner using the procedures you now use. Remember to fill in all boxes If there are blank spaces, use zeros to fill them in. For example, if this is service number "25", write "00025" in the five boxes provided. Fill in the appropriate circles below.

ITEM NO. 1

Self-Explanatory.

ITEM NO. 2

Self-Explanatory.

ITEM NO. 3

3. If you have received personal assistance (linker or consultant), how would you characterize the nature of that assistance? (Please fill in appropriate circles.)

① Finding resources and information
② Helping with planning and the processes involved
③ Giving solutions to problems or needs
④ Providing generalist services
⑤ Other

To respond to this item, the client simply should characterize the assistance received by checking one or more appropriate categories. If some other response characterizes the assistance, the client can describe the nature of that assistance in the space provided.

ITEM NOs. 4 and 5

4. To what extent is the information and/or assistance relevant to your original request? (Please fill in one circle.)

None relevant ① ② ③ ④ ⑤ All relevant

5. How completely does the information and/or assistance address your original request? (Please fill in one circle.)

Not at all ① ② ③ ④ ⑤ Completely

These items present a five-point scale for assessing the level of satisfaction with the service. There are three instructions:

1. All extreme negative responses are at the far left; extreme positive responses on the far right.

2. The central choice should indicate a true mid-point, that is, if the client feels neither positive nor negative or has equally mixed feelings about the item, he/she should fill in completely the central circle.

3. The second and fourth choices should indicate "somewhat negative" and "somewhat positive," respectively.

ITEM NO. 6

6. How timely is the information or assistance toward addressing your original request? (Please fill in one circle.)

Too late to be useful ① ② ③ ④ ⑤ Much ahead of when needed

↑
Right on Time

The mid-point of this item is not neutral or mixed, but rather "right on time."

ITEM NOs. 7,8,9 and 10

7. How new or novel is the information and/or assistance in reference to your prior knowledge and experience? (Please fill in one circle.)

Not at all new ① ② ③ ④ ⑤ All new

8. How useful does it appear that the information and/or assistance will be for its intended purpose? (Please fill in one circle.)

Not very useful ① ② ③ ④ ⑤ Very useful

9. To what extent would you recommend this service to a colleague in need of information/assistance? (Please fill in one circle.)

Would not recommend ① ② ③ ④ ⑤ Would recommend very highly

10. If you have additional requests, would you use the service again? (Please fill in one circle.)

Definitely would not ① ② ③ ④ ⑤ Definitely would

These items present a five-point scale for assessing the level of satisfaction with the service. There are three instructions:

1. All extreme negative responses are at the far left; extreme positive responses on the far right.

2. The central choice should indicate a true mid-point, that is, if the client feels neither positive nor negative or has equally mixed feelings about the item, he/she should fill in completely the central circle.

3. The second and fourth choices should indicate "somewhat negative" and "somewhat positive," respectively.

ITEM NO. 11

Item No. 11 is an open-ended item. Any additional comments regarding the service are to be written in this space. The client should be instructed to write only in the space provided. The client should not write in the shaded area.

11. What comments, if any, would you like to make about this service?

SAMPLE COVER LETTER FOR THE CLIENT ASSESSMENT FORM

(Inside Address and Date)

(Project name) is making continuing efforts to improve its services. One means of doing this is through long-term feedback from users about the information and/or assistance provided. The Client Assessment Form is being sent to a small sample of individuals who have used the services of (Project's name). Your assessment of the various types of services received and description of actual use of services will be greatly appreciated.

Please complete the Client Assessment Form, using your request of (request date) regarding (problem statement/topic).

Please follow the general instructions which are included on a separate page. (Note to project directors: enclose a copy of page IV-10 from this manual and delete this sentence.) Please read these instructions carefully, even if you have completed similar forms in the past. If you have specific questions when completing the Client Assessment Form, please refer to the specific instructions which are also included on a separate page. (Note to project directors: enclose a copy of page IV-11 from this manual and delete this sentence). Accurate analysis of all responses depends upon properly completed forms.

You may return the machine-readable form in the enclosed stamped, self-addressed envelope. Please unfold the envelope before enclosing your response form. Please do not fold or bend your completed form in any way.

Thank you very much for your cooperation and assistance. If you have any questions, please call us at (project's or linker's number).

Sincerely yours,

(Name of sender)
(Title of sender)

Enclosures

GENERAL INSTRUCTIONS FOR COMPLETING THE CLIENT ASSESSMENT FORM

1. USE A NO. 2 LEAD PENCIL

   Optical scanners "read" only their own language, that is, a No. 2 lead pencil. If you write in pen or any other type of pencil, the machine will not be able to read it. Therefore, for marking answers, use a No. 2 lead pencil only.

2. FILL IN ALL CIRCLES COMPLETELY ●

   It is very helpful to machine scoring if the response circles are filled in completely. This will lower the error rate for the scoring. Do not make an "X" or a "✓" in the circle (e.g., ⊗, ⊘) as the computer may miss your response. Instead, fill in the circle completely (e.g., ●).

3. READ THE DIRECTIONS FOR EACH ITEM CAREFULLY

   For some items, you will be instructed to choose as many responses as apply. Unless you are directed otherwise, choose only one response per item.

4. MAKE NO STRAY MARKS ON THE FORMS

   Because the computer reads No. 2 lead pencil marks, it may read any stray marks you make. Therefore, it is important that you make no stray marks on the forms. Make no marks outside of the circles, except where requested. Written information should be given only where boxes have been supplied and all written information should be placed completely within the lines of the boxes.

5. ERASE MISTAKES COMPLETELY

   An optical scanner is very sensitive to the lead marks made by the pencil. Unless mistakes are completely erased, it may still read an incorrect response. Be sure to erase completely any answers you wish to change.

6. RIGHT JUSTIFY ALL NUMBERS

   When entering a number, the significant digits should be placed in the right-most circles of the response field. Zeros should be used to fill the remaining spaces and all corresponding circles should be blackened.

7. COMPLETE THE ENTIRE FORM

   The success of this project and the recommendations for improved educational information services depend on accurate and complete information. You are the provider of this information, so please complete each form in its entirety.

SPECIFIC INSTRUCTIONS FOR COMPLETING THE CLIENT ASSESSMENT FORM

In order to guide your responses, the following specific instructions may be helpful.

Item No. 1 presents a listing of educational resources. If any of the terms are unfamiliar to you, please consult either a dictionary or the individual from whom the materials were received.

Item No. 2 includes three five-point scales. The third choice for all these scales is netural, that is, it indicates neither satisfaction nor dissatisfaction and may consist of mixed feelings. The second and fourth choices should be "somewhat dissatisfied" and "somewhat satisfied," respectively. Rate the personnel assistance along all three five-point scales.

Item No. 8 focuses on action you have taken subsequent to receiving the original information and/or assistance, possibly as a result of the service provided. If any of the terms are unfamiliar to you, please consult either a dictionary or the individual from whom the materials and/or assistance were received.

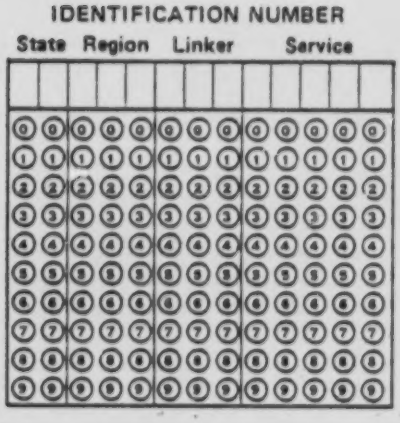
Item No. 10 asks you to describe in as much detail as possible your actual use of the information and/or assistance received. The response should be written in the space indicated. Please do not make any marks in the shaded area. If you need additional space, please add another sheet of paper.

Item Numbers 11 and 12 are optional, but should be completed so that (project name) can provide better services to clients.

CLIENT ASSESSMENT FORM

The Client Assessment Form is designed to be sent to a sample of clients at least six weeks after delivery of the information and/or assistance provided to rate the utility of the various types of assistance received and to further discriminate satisfaction levels. It is comprised of twelve items, two of which are optional. Clients should be encouraged to complete all items in order to maximize the usefulness of the data. These detailed item explanations are provided for general project staff. Under normal circumstances, these instructions would not be sent to clients.

IDENTIFICATION NUMBER



The Identification Number serves to link all five forms in CAP for a given request. Before giving the Client Assessment Form to the client, complete the Identification Number by filling in the appropriate circles. Copy the number from the Service Form, Process Form, or Immediate Feedback Form. If it has not been completed, fill in the Identification Number as follows:

1. Put your state code in the left-most boxes of each form. (A list of state codes is provided in Appendix B.) Then fill in the appropriate circles below.

2. Where applicable, Regional Codes for your state are listed in Appendix B. If you have no regional code, use "000" in these spaces. Then fill in the appropriate circles below.

3. Put in the linker or resource person number in the next three spaces. For purposes of these forms, resource base personnel also must be assigned linker numbers for those cases in which the request comes directly to the resource base and is not mediated through a linker. (You will be assigned one number to use

IDENTIFICATION NUMBER

State		Region		Linker				Service				
0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9

each and every time you complete the forms. Where applicable, linker codes for your state are listed in Appendix B.) Fill in the appropriate circles below.

4. Fill in the service number in a sequential manner using the procedures you now use. Remember to fill in all boxes. If there are blank spaces, use zeros to fill them in. For example, if this is service number "25", write "00025" in the five boxes provided. Fill in the appropriate circles below.

ITEM NO. 1

1. How would you rate specific materials provided as to their degree of usefulness? (Please fill in the appropriate circle for each type of material received.)

Type of Material	Very Limited or Not at All Useful				Very Useful
Bibliographic Citations without Abstracts	1	2	3	4	5
ERIC Abstracts	1	2	3	4	5
ERIC Documents					
In Photocopy form	1	2	3	4	5
In Microfiche form	1	2	3	4	5
Non-computerized Bibliography	1	2	3	4	5
Journal Articles					
In Photocopy form	1	2	3	4	5
In Microfiche form	1	2	3	4	5
Professional Materials					
In Photocopy form	1	2	3	4	5
In Microfiche form	1	2	3	4	5
Program/Project Descriptions	1	2	3	4	5
Human Resource References	1	2	3	4	5
Curriculum/Instruct. Materials	1	2	3	4	5
Audio-visual Materials	1	2	3	4	5
Other [ ]	1	2	3	4	5

This item presents a listing of educational resources. (If any of these terms are unfamiliar to the client, he/she should be instructed to consult with the individuals from whom the materials were received. Definitions of the terms appear in Appendix C.)

The client should fill in the appropriate circle for each type of material received.

ITEM NO. 2

2. If you received personal assistance, how would you rate your satisfaction along the following dimensions with the personal assistance provided?

	Not at All Satisfied				Very Satisfied
Initial understanding of your problem or need	1	2	3	4	5
Ability to communicate in general	1	2	3	4	5
Helpfulness in interpreting the materials or information received	1	2	3	4	5

This satisfaction scale includes three five-point scales. The third choice for all these scales is neutral, that is, it indicates neither satisfaction nor dissatisfaction and may consist of mixed feelings. The second and fourth choices should be "somewhat dissatisfied" and "somewhat satisfied," respectively. The client should rate the personal assistance along all three dimensions provided.

ITEM NO. 3

The client should estimate the time spent with the person who provided assistance and fill in the appropriate circles. If, for example, the client spent 30 minutes with the individual at the time of the initial request and 1 hour with the individual when the information was received, the boxes would be completed as indicated.

3. How much time did the above individual spend with you? (Please estimate.)

Before or at the time of initial request?

Hours	Min.
0	30

In helping you interpret or use the information after it was received?

Hours	Min.
1	00

ITEM NO. 4

Self-Explanatory.

ITEM NO. 5

Fill in only the one circle which most closely describes the source of the request.

5. Needs or problems that may motivate people to look for information may originate from a variety of sources. Please examine the following list of sources and fill in the one response which most closely approximates the source that characterized this request.

- ○ A school-wide or agency-wide need
- ○ A need or problem which affected several classrooms or departments within my organization
- ○ A need or problem which affected only one classroom or department in my organization
- ○ A need or problem which affected only a few individuals within my school or agency
- ○ A need or problem which affected only one individual within my school or agency
- ○ A need for information to complete a professional paper or papers for course work
- ○ Personal interest – no real need or problem
- ○ Other [ ]

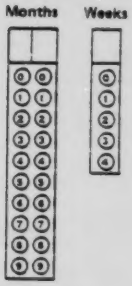
ITEM NO. 6

If "YES" is indicated, the client also should complete the second part of the item.

8. Did you request information or assistance as part of an on-going project or experimental program?

○ Yes ○ No

If yes: How long had this project or program been going on when the initial request for information was made? (Please indicate the approximate number of months and/or weeks.)



ITEM NO. 7

If "YES" is indicated, the client also should complete the second part of the item.

7. Did you contact or seek other information and/or assistance sources prior to this one?

○ Yes ○ No

If yes, please list. (e.g., State library, supervisor, a school psychologist.)

ITEM NO. 8

This item focuses on action the client has taken subsequent to receiving the original information and/or assistance, possibly as a result of the service provided. If any of these terms are unfamiliar to the client(s), he/she should be instructed to consult with the individuals from whom the materials and/or assistance were received.

8. What action(s) have you taken since receiving the initial information and/or assistance?
(Please fill in all circles that apply.)

- ○ The initial information/assistance satisfied your need, and you took no additional action.
- ○ The initial information/assistance did not satisfy your need, and you took no additional action.

- ○ Based on information you received, you ordered the following materials:
(Please fill in all circles that apply.)

ERIC Documents
- ○ In Photocopy form
- ○ In Microfiche form

Journal Articles
- ○ In Photocopy form
- ○ In Microfiche form

Professional Materials
- ○ In Photocopy form
- ○ In Microfiche form
- ○ Curriculum/Instructional Materials
- ○ Audio-visual Materials
- ○ Other Materials [ ]

- ○ Based on information you received, you took other actions:
(Please fill in all circles that apply.)

- ○ You contacted other human resources or agencies.
- ○ You visited a demonstration site for a special project.
- ○ You sought more literature and information from this service.
- ○ You sought more literature and information from another source.
- ○ You sought more personal assistance from this service.
- ○ You sought more personal assistance from another source.

ITEM NO. 9

This item seeks to assess the degree of utilization of the information and/or assistance received. The responses are stated in action terms; that is, the client is required to select the actual use(s) made of the information/assistance received.

9. Please indicate the response below that most accurately describes the degree to which you have actually been able to use the information or materials that you received: (Please fill in all circles that apply.)

- ○ You have not been able to use it at all
- ○ You have been able to read it, but you have not been able to actually put it into practice
- ○ You have been able to use the information to write a position paper or other paper that you may be able to use in practice in the future
- ○ You have been able to use the information to develop a plan to improve existing programs or practices
- ○ You have been able to use the information to modify or alter an existing plan for improving programs or practices
- ○ You have been able to use the information to justify existing programs or practices
- ○ The information caused you or others in your organization to reconsider a plan of action that was underway
- ○ You have been able to use the information to actually initiate a new program or practice
- ○ You have been able to use the information to make minor improvements in an on-going program or practice
- ○ Other

ITEM NO. 10

The actual use of the information and/or assistance should be described by the client in as much detail as possible. The response should be written in the space as indicated. No marks should be made in the shaded area.

10. Please describe in as much detail as possible the actual use made of the information or assistance.

(Example: "The information was used, together with many other sources, as research material. The materials were used in preparing a proposal for an experimental program in teaching environmental studies to high school students. My principal approved the proposal, and I have requested technical assistance from Professor Smith at the State University and funding from the state.")

Please note: The response "in my job" or "in my classroom" would not be helpful or sufficient for the purpose of thoughtful evaluation of the services.

DO NOT WRITE IN THIS SHADED AREA	

ITEM NOs. 11 and 12

These items are optional, but should be completed in order to provide better services to clients. For each of these items, indicate the number of individuals within each category of individuals listed.

11. **Prior to making your request for information/assistance, did you discuss the need for information or assistance with any of the following groups of individuals?** (Please indicate the number of individuals for each category.)

	Number of individuals				
	0	1	2 or 3	4 or 5	more than 5
Superiors or supervisors	○	○	○	○	○
Peers or colleagues (those holding a position similar to your own in the same organization)	○	○	○	○	○
Staff	○	○	○	○	○
Committees	○	○	○	○	○
Consultants or specialists (individuals who were providing assistance to you in your work)	○	○	○	○	○
Linking agents representing the service from which you requested assistance	○	○	○	○	○
Professional friends or colleagues (other educators located outside your organization)	○	○	○	○	○
Other [ ]	○	○	○	○	○

12. **After receiving the information or assistance, did you share the information or assistance with any of the following groups of individuals?** (Please indicate the number of individuals for each category.)

	Number of individuals				
	0	1	2 or 3	4 or 5	more than 5
Superiors or supervisors	○	○	○	○	○
Peers or colleagues (those holding a position similar to your own in the same organization)	○	○	○	○	○
Staff	○	○	○	○	○
Committees	○	○	○	○	○
Consultants or specialists (individuals who were providing assistance to you in your work)	○	○	○	○	○
Linking agents representing the service from which you requested assistance	○	○	○	○	○
Professional friends or colleagues (other educators located outside your organization)	○	○	○	○	○
Other [ ]	○	○	○	○	○

APPENDIX A. CLIENT ASSESSMENT PACKAGE (CAP)

SERVICE FORM

Client's Name _____

School/Institution _____

Mailing Address _____
Street

_____
City State Zip Code

Business Phone Number _____

IDENTIFICATION NUMBER

State	Region	Linker	Service
0 0	0 0 0	0 0 0	0 0 0 0 0
1 1	1 1 1	1 1 1	1 1 1 1 1
2 2	2 2 2	2 2 2	2 2 2 2 2
3 3	3 3 3	3 3 3	3 3 3 3 3
4 4	4 4 4	4 4 4	4 4 4 4 4
5 5	5 5 5	5 5 5	5 5 5 5 5
6 6	6 6 6	6 6 6	6 6 6 6 6
7 7	7 7 7	7 7 7	7 7 7 7 7
8 8	8 8 8	8 8 8	8 8 8 8 8
9 9	9 9 9	9 9 9	9 9 9 9 9

Date Request Received		Date Response Desired		Date Response Delivered	
Mo.	Day	Mo.	Day	Mo.	Day
0 0	0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1	1 1
2	2 2	2	2 2	2	2 2
3	3 3	3	3 3	3	3 3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

	Telecommunications	Walk-in	Phone	Mail	Local Resource Person	Linking Agent
REQUEST RECEIVED From client by. . . .	○	○	○	○	○	○
RESPONSE DELIVERED To client by.	○	○	○	○	○	○

- For marking answers, use No. 2 pencil only.
- Please fill in all circles completely (●).
- Make no marks outside of the circles, except where requested.
- Written information should be given only where boxes (☐) have been supplied.
- Erase completely any answers you wish to change.

OMB No. 51-S-78021 Expiration Date: 12-31-80

"This report is authorized by Law 20 U.S.C. 1221e. While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive, accurate and timely."

1. **Is the client a:**

- ○ first time user
  (If client is a first time user, please skip question 2.)
- ○ repeat user

2.a. **Is repeat use for:**

- ○ single problem follow-up
- ○ another problem

b. **Please estimate the number of times of prior use by client.**

UNITS ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
TENS ⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

3. **PROBLEM STATEMENT.** (Please give a narrative description of the problem about which the client is requesting information or assistance. Be specific, define phrases with special meaning. Indicate any aspects which should be excluded.)

(Write description here.)

4. **To what extent did you have to assist the client in developing the problem statement?** (Please fill in one circle.)

○ Not at all ○ Limited ○ Moderately ○ Extensively ○ Very Extensively

5. **Information may be provided in different forms. Not all forms may be available for a specific request. If the client has a choice, what types of materials/assistance would be most useful?** (Please fill in all circles that apply.)

- ○ No specific materials indicated
- ○ Bibliographic Citations without Abstracts
- ○ ERIC Abstracts

ERIC Documents
- ○ In Photocopy form
- ○ In Microfiche form

- ○ Non-computerized Bibliography

Journal Articles
- ○ In Photocopy form
- ○ In Microfiche form

Professional Materials
- ○ In Photocopy form
- ○ In Microfiche form

- ○ Program/Project Descriptions
- ○ Prepackaged Information
- ○ Human Resource References
- ○ Curriculum/Instruct. Materials
- ○ Audio-visual Materials
- ○ Other

6. **TYPE OF SEARCH DESIRED** (Please fill in one circle.)

- ○ Manual
- ○ Computerized
- ○ Both

---

7. **PURPOSE STATEMENT.** (Please write a narrative description of the reason or purpose for which the information and assistance will be used. Please be specific.)

(Write description here.)

---

8. Please fill in the one appropriate circle which best summarizes the intended purpose of this request.

- ○ awareness (background/reading assistance only)
- ○ classroom planning/instruction
- ○ regular curriculum development/ revision
- ○ special program/project planning
- ○ program evaluation
- ○ dissertation, thesis research
- ○ speech or report
- ○ policy development
- ○ graduate course
- ○ other personal professional development
- ○ other [ ]

9. AUDIENCE GRADE LEVEL

What is the grade level(s) of the intended audience for which this information is being requested? (This is not necessarily the level of the client.)
(Please fill in the appropriate circle or circles.)

- ○ Pre-k
- ○ K
- ○ 1
- ○ 2
- ○ 3
- ○ 4
- ○ 5
- ○ 6
- ○ 7
- ○ 8
- ○ 9
- ○ 10
- ○ 11
- ○ 12
- ○ K-12

- ○ Higher Education/Post-secondary (Credit)
- ○ Continuing Education/Adult Education (Non-Credit)
- ○ Vocational Technical Education
- ○ Other [ ]
- ○ Not applicable

10. **TIME SPAN** (Please fill in one circle.)

(Provide the time span of information the client desires.)

- ○ Current year only
- ○ Last two years
- ○ Last five years
- ○ 1970-current
- ○ Historical (Complete search of all materials)
- ○ Other [ ]

---

11. **Who plans to use the information/assistance provided?** (Please fill in one circle.)

- ○ Individual requestor only
- ○ One other individual (in addition to requestor)
- ○ Several other individuals (in addition to requestor)
- ○ Informally constituted group (in addition to requestor)
- ○ Formal group, class, or committee (in addition to requestor)
- ○ Someone other than requestor

---

12. **What other sources of information and assistance has the client contacted prior to contacting you?**

[ ]

---

13. **What other sources of information and assistance will the client be contacting in addition to this service?**

[ ]

---

14. **AWARENESS**

How did the client find out about these services? (Please fill in all circles that apply.)

- ○ Presentation
- ○ State Education Agency Consultant
- ○ Local School or District Representative
- ○ Article or Publication: News or Journal
- ○ District Newsletter
- ○ Brochure
- ○ Colleague
- ○ Linking Agent
- ○ Professional Association
- ○ Teacher in Client's School
- ○ Don't recall
- ○ Other [ ]

---

15. POSITION

What position does the client hold? (Please fill in the single position which most closely describes the role the client plays in making this request.)

LEA

Teacher

- ○ Preschool
- ○ Kindergarten
- ○ Elementary
- ○ Secondary
- ○ Other [ ]

Administrative & Ancillary

- ○ Guidance Counselor
- ○ Principal
- ○ Local Superintendent
- ○ LEA Curriculum Specialist
- ○ Librarian/Media Specialist
- ○ Other [ ]

Intermediate Service Agency

- ○ Consultant
- ○ Administrator
- ○ Support Staff
- ○ Project Director
- ○ Information Specialist/Dissemination Coordinator
- ○ Other [ ]

SEA

- ○ Curriculum/Instruction Specialist
- ○ Research, Planning and Evaluation Specialist
- ○ Vocational Education
- ○ Special Education
- ○ Bilingual Education
- ○ Title I Coordinator
- ○ Title IV Coordinator
- ○ Title IX Coordinator
- ○ Information Specialist/ Dissemination Coordinator
- ○ Other [ ]

POST SECONDARY EDUCATION

- ○ Junior/Technical College Professional
- ○ Junior/Technical College Administrator
- ○ Institute of Higher Education Professional
- ○ Institute of Higher Education Administrator
- ○ Graduate Student
- ○ Other [ ]

EDUCATIONAL LABORATORY OR R&D CENTER

- ○ Professional
- ○ Administrator
- ○ Other [ ]

STATE OFFICES

- ○ State Board Member
- ○ State Commission/State Advisory Group
- ○ Governor's Office
- ○ Legislator
- ○ Other [ ]

STUDENT

- ○ Elementary
- ○ Middle School
- ○ Secondary
- ○ Undergraduate
- ○ Graduate
- ○ Other [ ]

GENERAL PUBLIC

- ○ Parent
- ○ Community Group
- ○ Other [ ]

16. LOCATION

Which one of the following best describes the geographic location of this client?
(Please fill in one circle.)

- ○ Rural farming community
- ○ Small city or town of fewer than 50,000 people that is not a suburb of a larger city
- ○ Medium-sized city (50,000–100,000)
- ○ Suburb of a medium-sized city
- ○ Large city (100,000–500,000)
- ○ Suburb of a large city
- ○ Very large city (over 500,000)
- ○ Suburb of a very large city
- ○ N.A.

17. PROFESSIONAL EXPERIENCE IN THE FIELD OF EDUCATION

(Please fill in one circle.)

- ○ None
- ○ 1 to 2 years
- ○ 3 to 5 years
- ○ 6 to 10 years
- ○ 11 or more years

18. EDUCATION

a) What is the highest degree that the client has achieved? (Please fill in one circle.)

- ○ Less than a B.A. or B.S.
- ○ A B.A. or B.S.
- ○ Additional graduate credits beyond a B.A. or B.S.
- ○ An M.A. or M.S.
- ○ Additional graduate credits beyond an M.A. or M.S.
- ○ A Ph.D. or Ed.D.
- ○ Other [ ]

b) Client is currently: (Please fill in one circle.)

- ○ Enrolled in a formal education program
- ○ Planning to take courses
- ○ Taking selected courses
- ○ Not Applicable

19. CATEGORY

(For what area(s) has the client requested information? Please fill in all circles that apply.)

Curriculum Areas

- ○ Art Education
- ○ Business Education
- ○ Consumer Education
- ○ Dramatics
- ○ Driver Education
- ○ Drug/Alcohol Education
- ○ Environmental Education
- ○ Ethnic Studies
- ○ Foreign Language Arts
- ○ Health Education
- ○ Home Economics
- ○ Language Arts
- ○ Literature
- ○ Mathematics
- ○ Metric Education
- ○ Music Education
- ○ Nutrition
- ○ Physical Education
- ○ Reading
- ○ Religion
- ○ Safety Education
- ○ Science
- ○ Sex Education
- ○ Social Studies
- ○ Vocational Education
- ○ Other [ ]

Learners with Special Needs

- ○ Adult Learners
- ○ Behavior Disordered
- ○ Bilingual
- ○ Community Members
- ○ Drop-Outs
- ○ Early Childhood
- ○ Educable Mentally Handi.
- ○ Gifted and Talented
- ○ Hearing Impaired
- ○ Homebound/Hospitalized
- ○ Learning Disabled
- ○ Migrant Learners
- ○ Multiply Handicapped
- ○ Neglected/Delinquent
- ○ Physically Handicapped
- ○ Severe/Profound Handicapped
- ○ Speech/Language Impaired
- ○ Trainable Mentally Handi.
- ○ Visually Impaired
- ○ Other [ ]

Services

- ○ Child Care (Day Care)
- ○ Child Welfare
- ○ Conferences
- ○ Consultations
- ○ Counseling/Guidance
- ○ Demonstrations
- ○ Diagnostics
- ○ Information Dissemination
- ○ Information Retrieval
- ○ Instruction
- ○ Learning Center/Library
- ○ Media/Materials
- ○ Media Production
- ○ Medical & School Health
- ○ Organizational Development
- ○ Parents
- ○ Personal Custodial Care
- ○ Psychiatric
- ○ Psychological
- ○ Rehabilitation
- ○ Remediation
- ○ Research
- ○ Residential
- ○ Staff Development
- ○ Statistics
- ○ Teacher Center
- ○ Workshops
- ○ Other [ ]

Special Programs

- ○ Alternative Education
- ○ Child Abuse and Neglect
- ○ Community Education
- ○ Compensatory Education
- ○ Desegregation, Civil Rights
- ○ Elim. of Sex Discrim. (Ti. IX)
- ○ Individualized Instruction
- ○ Inservice Teacher Training
- ○ Least Restrictive Alternatives
- ○ Mainstreaming
- ○ Motivation
- ○ Parenthood Education
- ○ Pre-Service Teacher Training
- ○ Right-To-Read
- ○ Rights (Student/Parent)
- ○ School Foods
- ○ Staff Development
- ○ Truant Alternative Education
- ○ Women's Studies
- ○ Other [ ]

Administrative Areas

- ○ Advisory Boards
- ○ Auditing
- ○ Community Relations
- ○ Enrollment
- ○ Facilities & Physical Plant
- ○ Financial
- ○ Grants/Funding
- ○ Legal
- ○ Organizational
- ○ Operational/MBO
- ○ Personnel & Staffing
- ○ Steering Committee
- ○ Supervision
- ○ Transportation
- ○ Other [ ]

Concept or Skill Areas

- ○ Affective Education
- ○ Aging
- ○ Career Education
- ○ Child Development
- ○ Communicative Skills
- ○ Daily Living Skills
- ○ Death and Dying
- ○ Educational Technology
- ○ Emotional Development
- ○ Moral Education
- ○ Motor Skills
- ○ Perceptual Skills
- ○ Recreation Readiness
- ○ Self Concept
- ○ Social Development
- ○ Values Education
- ○ Visual Literacy
- ○ Other [ ]

Program Planning, Development and Evaluation

- ○ Assessment
- ○ Effective Ed. Programming
- ○ Educational Planning
- ○ Pre-Service Education
- ○ In-Service Education
- ○ Teaching Methods & Techniques
- ○ Instrument Development
- ○ Proposal Development
- ○ Curriculum Development/Revision
- ○ Curriculum Evaluation
- ○ Materials Evaluation
- ○ Program Evaluation
- ○ Student Evaluation
- ○ Teacher Evaluation
- ○ Other [ ]

PROCESS FORM

(This form is to be completed by the individual who actually processes the client's request.)

IDENTIFICATION NUMBER

State		Region			Linker			Service				
0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9

- For marking answers, use No. 2 pencil only.
- Please fill in all circles completely (●).
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OMB No. 51-S-78021 Expiration Date: 12-31-80

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2347-ODF-54321

1. **If your agency did not formulate the problem statement, please rate the quality of the problem statement.** (Please fill in one circle.)

- ○ Immediately useable
- ○ Useable, some interpretation
- ○ Unuseable, needed to recontact linker or original requestor

2. **If the request was renegotiated upon recontact, why?**

Write answer here.

3. **What information files/sources were searched?** (Please fill in appropriate circles.)

	Manual	Computerized
ERIC	①	②
Other Research Info. Files	①	②
Prepackaged Information	①	②
Human Resource File	①	②
Other Agencies (e.g. library)	①	②
Audio-Visual/Nonprint media, files	①	②
Professional Collection (e.g. books, monographs)	①	②
Curriculum/Instructional Materials	①	②
Legislation/Regulations	①	②
Program/Project Descriptions	①	②
Other Reference Tools [ ]	①	②

4. **How many of the following were provided to requestor?** (If any of the following materials were provided, please fill in appropriate circles.)

	1-2	3-5	6-10	11-25	26-50	51-100	More than 100
Bibliographic Citations without Abstracts (Computerized bibliography)	①	②	③	④	⑤	⑥	⑦
ERIC Abstracts	①	②	③	④	⑤	⑥	⑦
ERIC Documents							
In Photocopy form	①	②	③	④	⑤	⑥	⑦
In Microfiche form	①	②	③	④	⑤	⑥	⑦
Non-computerized Bibliography	①	②	③	④	⑤	⑥	⑦
Journal Articles							
In Photocopy form	①	②	③	④	⑤	⑥	⑦
In Microfiche form	①	②	③	④	⑤	⑥	⑦
Professional Materials							
In Photocopy form	①	②	③	④	⑤	⑥	⑦
In Microfiche form	①	②	③	④	⑤	⑥	⑦
Program/Project Descriptions	①	②	③	④	⑤	⑥	⑦
Prepackaged Information	①	②	③	④	⑤	⑥	⑦
Human Resource References	①	②	③	④	⑤	⑥	⑦
Curriculum/Instructional Materials	①	②	③	④	⑤	⑥	⑦
Audio-visual Materials	①	②	③	④	⑤	⑥	⑦
Other (please describe) [ ]	①	②	③	④	⑤	⑥	⑦

LINKER FORM

Linker's Name _____

School/Institution _____

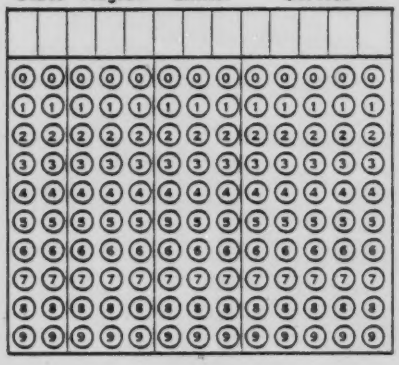
Mailing Address _____
Street

_____
City State Zip Code

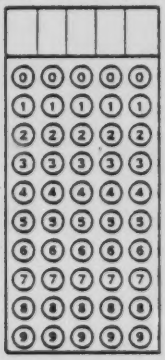
Business Phone Number _____

IDENTIFICATION NUMBER

State Region Linker Service



Approximate Number of Clients
You Serve Per Month



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- Please fill in all circles completely (●).
- Make no marks outside of the circles, except where requested.
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OMB No. 51-S-78021 Expiration Date: 12-31-80

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2348-ODF-54321

1. POSITIONS

(Please fill in all circles that apply.)

Previous | Current

LEA | Teacher

- ○ ○ Preschool
- ○ ○ Kindergarten
- ○ ○ Elementary
- ○ ○ Secondary
- ○ ○ Other [ ]

Administrative & Ancillary

- ○ ○ Guidance Counselor
- ○ ○ Principal
- ○ ○ Local Superintendent
- ○ ○ LEA Curriculum Specialist
- ○ ○ Librarian/Media Specialist
- ○ ○ Other [ ]

Intermediate Service Agency

- ○ ○ Consultant
- ○ ○ Administrator
- ○ ○ Support Staff
- ○ ○ Project Director
- ○ ○ Information Specialist/Dissemination Coordinator
- ○ ○ Other [ ]

SEA

- ○ ○ Curriculum/Instruction Specialist
- ○ ○ Research, Planning and Evaluation Specialist
- ○ ○ Vocational Education
- ○ ○ Special Education
- ○ ○ Bilingual Education
- ○ ○ Title I Coordinator
- ○ ○ Title IV Coordinator
- ○ ○ Title IX Coordinator
- ○ ○ Information Specialist/Dissemination Coordinator
- ○ ○ Other [ ]

POST SECONDARY EDUCATION

- ○ ○ Junior/Technical College Professional
- ○ ○ Junior/Technical College Administrator
- ○ ○ Institute of Higher Education Professional
- ○ ○ Institute of Higher Education Administrator
- ○ ○ Graduate Student
- ○ ○ Other [ ]

EDUCATIONAL LABORATORY OR R&D CENTER

- ○ ○ Professional
- ○ ○ Administrator
- ○ ○ Other [ ]

2. EDUCATION

What is the highest degree that you have achieved?
(Please fill in one circle.)

- Less than a B.A. or B.S. ○
- A B.A. or a B.S. ○
- Additional graduate credits beyond a B.A. or B.S. ○
- An M.A. or an M.S. ○
- Additional graduate credits beyond an M.A. or an M.S. ○
- A Ph.D. or Ed.D. ○
- Other [ ] ○

3. To what extent do you perform the following functions in your role as linking agent?

	Never				Usually
Spread of information through media, printed materials, and other one-way methods to clients.	①	②	③	④	⑤
Exchange of information between clients and the information resource base	①	②	③	④	①
Encouragement or training to enhance decision-making skills which enable a choice of information and activity from alternatives.	①	②	③	④	⑤
Assisting clients in implementing new methods.	①	②	③	④	⑤

4. PROFESSIONAL EXPERIENCE IN EDUCATION

(Please fill in one circle.)

- 0 to 2 years ○
- 3 to 5 years ○
- 6 to 10 years ○
- 11 or more years ○

5. Linkers come from different backgrounds with different types of training and experience. For the content areas listed below, please indicate whether you have substantial expertise or some expertise by filling in the appropriate circle. If you have little or no expertise, leave the circles blank.

Substantial Expertise
Some Expertise

Curriculum Areas

- ○○ Art Education
- ○○ Business Education
- ○○ Consumer Education
- ○○ Dramatics
- ○○ Driver Education
- ○○ Drug/Alcohol Education
- ○○ Environmental Education
- ○○ Ethnic Studies
- ○○ Foreign Language Arts
- ○○ Health Education
- ○○ Home Economics
- ○○ Language Arts
- ○○ Literature
- ○○ Mathematics
- ○○ Metric Education
- ○○ Music Education
- ○○ Nutrition
- ○○ Physical Education
- ○○ Reading
- ○○ Religion
- ○○ Safety Education
- ○○ Science
- ○○ Sex Education
- ○○ Social Studies
- ○○ Vocational Education
- ○○ Other [ ]

Learners with Special Needs

- ○○ Adult Learners
- ○○ Behavior Disordered
- ○○ Bilingual
- ○○ Community Members
- ○○ Drop-Outs
- ○○ Early Childhood
- ○○ Educable Mentally Handicapped
- ○○ Gifted and Talented
- ○○ Hearing Impaired
- ○○ Homebound/Hospitalized
- ○○ Learning Disabled
- ○○ Migrant Learners
- ○○ Multiply Handicapped
- ○○ Neglected/Delinquent
- ○○ Physically Handicapped
- ○○ Severe/Profound Handicapped
- ○○ Speech/Language Impaired
- ○○ Trainable Mentally Handicapped
- ○○ Visually Impaired
- ○○ Other [ ]

Substantial Expertise
Some Expertise

Services

- ○○ Child Care (Day Care)
- ○○ Child Welfare
- ○○ Conferences
- ○○ Consultations
- ○○ Counseling/Guidance
- ○○ Demonstrations
- ○○ Diagnostics
- ○○ Information Dissemination
- ○○ Information Retrieval
- ○○ Instruction
- ○○ Learning Center/Library
- ○○ Media/Materials
- ○○ Media Production
- ○○ Medical & School Health
- ○○ Organizational Development
- ○○ Parents
- ○○ Personal Custodial Care
- ○○ Psychiatric
- ○○ Psychological
- ○○ Rehabilitation
- ○○ Remediation
- ○○ Research
- ○○ Residential
- ○○ Staff Development
- ○○ Statistics
- ○○ Teacher Center
- ○○ Workshops
- ○○ Other [ ]

Special Programs

- ○○ Alternative Education
- ○○ Child Abuse and Neglect
- ○○ Community Education
- ○○ Compensatory Education
- ○○ Desegration, Civil Rights
- ○○ Elim. of Sex Discrim. (Ti.IX)
- ○○ Individualized Instruction
- ○○ Inservice Teacher Training
- ○○ Least Restrictive Alternatives
- ○○ Mainstreaming
- ○○ Motivation
- ○○ Parenthood Education
- ○○ Pre-Service Teacher Training
- ○○ Right-To-Read
- ○○ Rights (Student/Parent)
- ○○ School Foods
- ○○ Staff Development
- ○○ Truant Alternative Education
- ○○ Women's Studies
- ○○ Other [ ]

Substantial Expertise
Some Expertise

Administrative Areas

- ○○ Advisory Board
- ○○ Auditing
- ○○ Community Relations
- ○○ Enrollment
- ○○ Facilities & Physical Plant
- ○○ Financial
- ○○ Grants/Funding
- ○○ Legal
- ○○ Organizational
- ○○ Operational/MBO
- ○○ Personnel & Staffing
- ○○ Steering Committee
- ○○ Supervision
- ○○ Transportation
- ○○ Other [ ]

Concept or Skill Areas

- ○○ Affective Education
- ○○ Aging
- ○○ Career Education
- ○○ Child Development
- ○○ Communicative Skills
- ○○ Daily Living Skills
- ○○ Death and Dying
- ○○ Educational Technology
- ○○ Emotional Development
- ○○ Moral Education
- ○○ Motor Skills
- ○○ Perceptual Skills
- ○○ Recreation Readiness
- ○○ Self Concept
- ○○ Social Development
- ○○ Values Education
- ○○ Visual Literacy
- ○○ Other [ ]

Program Planning, Development and Evaluation

- ○○ Assessment
- ○○ Effective Ed. Programming
- ○○ Educational Planning
- ○○ Pre-Service Education
- ○○ In-Service Education
- ○○ Teaching Methods & Techniques
- ○○ Instrument Development
- ○○ Proposal Development
- ○○ Curriculum Dev./Revision
- ○○ Curriculum Evaluation
- ○○ Materials Evaluation
- ○○ Program Evaluation
- ○○ Student Evaluation
- ○○ Teacher Evaluation
- ○○ Other [ ]

6. **This question is comprised of two parts, one for the "real" world in which you work and one for the "ideal" world in which you would like to work. First, in the column marked "REAL," please estimate the extent to which you perform each of the following functions in your role as linking agent. Second, in the column marked "IDEAL," please estimate the extent to which you would perform the same functions in your role as linking agent in an ideal world.**

	"REAL"					"IDEAL"				
	Never				Almost Always	Never				Almost Always
Collecting and organizing information (e.g., securing and arranging information for client problems)	①	②	③	④	⑤	①	②	③	④	⑤
Analyzing information (e.g., determining the relevance of information to client problems)	①	②	③	④	⑤	①	②	③	④	⑤
Analyzing problems (e.g., translating client problems into informational and resource needs)	①	②	③	④	⑤	①	②	③	④	⑤
Monitoring ideas (e.g., keeping abreast of recent educational practices and innovations)	①	②	③	④	⑤	①	②	③	④	⑤
Managing conflict (e.g., helping others resolve discord)	①	②	③	④	⑤	①	②	③	④	⑤
Intervening (e.g., proactively seeking client needs)	①	②	③	④	⑤	①	②	③	④	⑤
Communicating (e.g., maintaining open personal communication with clients)	①	②	③	④	⑤	①	②	③	④	⑤
Disseminating (e.g., sharing information with clients in a two-way process)	①	②	③	④	⑤	①	②	③	④	⑤
Planning (e.g., preparing for future needs and services)	①	②	③	④	⑤	①	②	③	④	⑤
Marketing (e.g., promoting awareness of available services)	①	②	③	④	⑤	①	②	③	④	⑤
Implementing (e.g., assisting clients to install a new procedure)	①	②	③	④	⑤	①	②	③	④	⑤
Producing (e.g., developing materials or procedures for client utilization)	①	②	③	④	⑤	①	②	③	④	⑤
Influencing (e.g., promoting concepts and ideas for client utilization)	①	②	③	④	⑤	①	②	③	④	⑤

IMMEDIATE FEEDBACK FORM

Please provide your opinions regarding the information or assistance provided to you. Thank you very much.

IDENTIFICATION NUMBER

State	Region	Linker	Service
0 0	0 0 0	0 0 0	0 0 0 0 0
1 1	1 1 1	1 1 1	1 1 1 1 1
2 2	2 2 2	2 2 2	2 2 2 2 2
3 3	3 3 3	3 3 3	3 3 3 3 3
4 4	4 4 4	4 4 4	4 4 4 4 4
5 5	5 5 5	5 5 5	5 5 5 5 5
6 6	6 6 6	6 6 6	6 6 6 6 6
7 7	7 7 7	7 7 7	7 7 7 7 7
8 8	8 8 8	8 8 8	8 8 8 8 8
9 9	9 9 9	9 9 9	9 9 9 9 9

- For marking answers, use No. 2 pencil only.
- Please fill in all circles completely (●).
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OMB No. 51-S-78021 Expiration Date: 12-31-80

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2346-ODF-54321

1. **How urgent or pressing is the request that motivated you to make use of the information service?** (Please fill in one circle.)

Not at all pressing ① ② ③ ④ ⑤ Extremely pressing

2. **If you received <u>materials</u>, how extensively did you review them?** (Please fill in one circle.)

Not at all ① ② ③ ④ ⑤ Very Extensively

3. **If you have received <u>personal assistance</u> (linker or consultant), how would you characterize the nature of that assistance?** (Please fill in appropriate circles.)

① Finding resources and information
② Helping with planning and the processes involved
③ Giving solutions to problems or needs
④ Providing generalist services
⑤ Other

4. **To what extent is the information and/or assistance <u>relevant</u> to your original request?** (Please fill in one circle.)

None relevant ① ② ③ ④ ⑤ All relevant

5. **How <u>completely</u> does the information and/or assistance address your original request?** (Please fill in one circle.)

Not at all ① ② ③ ④ ⑤ Completely

6. **How timely is the information or assistance toward addressing your original request?** (Please fill in one circle.)

Too late to be useful ① ② ③ ④ ⑤ Much ahead of when needed

Right on Time

7. **How new or novel is the information and/or assistance in reference to your prior knowledge and experience?** (Please fill in one circle.)

Not at all new ① ② ③ ④ ⑤ All new

8. **How useful does it appear that the information and/or assistance will be for its intended purpose?** (Please fill in one circle.)

Not very useful ① ② ③ ④ ⑤ Very useful

9. **To what extent would you recommend this service to a colleague in need of information/assistance?** (Please fill in one circle.)

Would not recommend ① ② ③ ④ ⑤ Would recommend very highly

10. **If you have additional requests, would you use the service again?** (Please fill in one circle.)

Definitely would not ① ② ③ ④ ⑤ Definitely would

11. **What comments, if any, would you like to make about this service?**

CLIENT ASSESSMENT FORM

IDENTIFICATION NUMBER

State		Region			Linker			Service				
0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9

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- Please fill in all circles completely (●).
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1. **How would you rate specific materials provided as to their degree of usefulness?** (Please fill in the appropriate circle for each type of material received.)

Type of Material	Very Limited or Not at All Useful				Very Useful
Bibliographic Citations without Abstracts	①	②	③	④	⑤
ERIC Abstracts	①	②	③	④	⑤
ERIC Documents					
In Photocopy form	①	②	③	④	⑤
In Microfiche form	①	②	③	④	⑤
Non-computerized Bibliography	①	②	③	④	⑤
Journal Articles					
In Photocopy form	①	②	③	④	⑤
In Microfiche form	①	②	③	④	⑤
Professional Materials					
In Photocopy form	①	②	③	④	⑤
In Microfiche form	①	②	③	④	⑤
Program/Project Descriptions	①	②	③	④	⑤
Human Resource References	①	②	③	④	⑤
Curriculum/Instruct. Materials	①	②	③	④	⑤
Audio-visual Materials	①	②	③	④	⑤
Other [ ]	①	②	③	④	⑤

2. **If you received personal assistance, how would you rate your satisfaction along the following dimensions with the personal assistance provided?**

	Not at All Satisfied				Very Satisfied
Initial understanding of your problem or need	①	②	③	④	⑤
Ability to communicate in general	①	②	③	④	⑤
Helpfulness in interpreting the materials or information received	①	②	③	④	⑤

3. **How much time did the above individual spend with you?** (Please estimate.)

Before or at the time of initial request?

Hours		Min.	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6		6
7	7		7
8	8		8
9	9		9

In helping you interpret or use the information after it was received?

Hours		Min.	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6		6
7	7		7
8	8		8
9	9		9

4. **How <u>different from or consistent with</u> your previous beliefs and values is the information and/or assistance?**

Very different from values and beliefs ① ② ③ ④ ⑤ Very consistent with values and beliefs

8. **What action(s) have you taken since receiving the initial information and/or assistance?** (Please fill in all circles that apply.)

- ○ The initial information/assistance satisfied your need, and you took no additional action.
- ○ The initial information/assistance did not satisfy your need, and you took no additional action.

- ○ Based on information you received, you ordered the following materials: (Please fill in all circles that apply.)

ERIC Documents
- ○ In Photocopy form
- ○ In Microfiche form

Journal Articles
- ○ In Photocopy form
- ○ In Microfiche form

Professional Materials
- ○ In Photocopy form
- ○ In Microfiche form
- ○ Curriculum/Instructional Materials
- ○ Audio-visual Materials
- ○ Other Materials [ ]

- ○ Based on information you received, you took other actions: (Please fill in all circles that apply.)

- ○ You contacted other human resources or agencies.
- ○ You visited a demonstration site for a special project.
- ○ You sought more literature and information from this service.
- ○ You sought more literature and information from another source.
- ○ You sought more personal assistance from this service.
- ○ You sought more personal assistance from another source.

---

9. **Please indicate the response below that most accurately describes the degree to which you have actually been able to use the information or materials that you received:** (Please fill in all circles that apply.)

- ○ You have not been able to use it at all
- ○ You have been able to read it, but you have not been able to actually put it into practice
- ○ You have been able to use the information to write a position paper or other paper that you may be able to use in practice in the future
- ○ You have been able to use the information to develop a plan to improve existing programs or practices
- ○ You have been able to use the information to modify or alter an existing plan for improving programs or practices
- ○ You have been able to use the information to justify existing programs or practices
- ○ The information caused you or others in your organization to reconsider a plan of action that was underway
- ○ You have been able to use the information to actually initiate a new program or practice
- ○ You have been able to use the information to make minor improvements in an on-going program or practice
- ○ Other [ ]

10. Please describe in as much detail as possible the actual use made of the information or assistance.
(Example: "The information was used, together with many other sources, as research material. The materials were used in preparing a proposal for an experimental program in teaching environmental studies to high school students. My principal approved the proposal, and I have requested technical assistance from Professor Smith at the State University and funding from the state.")

Please note: The response "in my job" or "in my classroom" would not be helpful or sufficient for the purpose of thoughtful evaluation of the services.

DO NOT WRITE IN THIS SHADED AREA	

THE FOLLOWING QUESTIONS ARE OPTIONAL, BUT WOULD BE BENEFICIAL IN ORDER TO BETTER UNDERSTAND THE INFORMATION NEEDS OF THE CLIENTS OF THIS PROGRAM.

11. **Prior to making your request for information/assistance, did you discuss the need for information or assistance with any of the following groups of individuals?** (Please indicate the number of individuals for each category.)

	Number of individuals				
	0	1	2 or 3	4 or 5	more than 5
Superiors or supervisors	○	○	○	○	○
Peers or colleagues (those holding a position similar to your own in the same organization)	○	○	○	○	○
Staff	○	○	○	○	○
Committees	○	○	○	○	○
Consultants or specialists (individuals who were providing assistance to you in your work)	○	○	○	○	○
Linking agents representing the service from which you requested assistance	○	○	○	○	○
Professional friends or colleagues (other educators located outside your organization)	○	○	○	○	○
Other [ ]	○	○	○	○	○

12. **After receiving the information or assistance, did you share the information or assistance with any of the following groups of individuals?** (Please indicate the number of individuals for each category.)

	Number of individuals				
	0	1	2 or 3	4 or 5	more than 5
Superiors or supervisors	○	○	○	○	○
Peers or colleagues (those holding a position similar to your own in the same organization)	○	○	○	○	○
Staff	○	○	○	○	○
Committees	○	○	○	○	○
Consultants or specialists (individuals who were providing assistance to you in your work)	○	○	○	○	○
Linking agents representing the service from which you requested assistance	○	○	○	○	○
Professional friends or colleagues (other educators located outside your organization)	○	○	○	○	○
Other [ ]	○	○	○	○	○

APPENDIX B. IDENTIFICATION NUMBERS

STATE CODES

01	Alabama
02	Alaska
03	American Samoa
04	Arizona
05	Arkansas
06	California
07	Colorado
08	Connecticut
09	Delaware
10	District of Columbia
11	Florida
12	Georgia
13	Guam
14	Hawaii
15	Idaho
16	Illinois
17	Indiana
18	Iowa
19	Kansas
20	Kentucky
21	Louisiana
22	Maine
23	Maryland
24	Massachusetts
25	Michigan
26	Minnesota
27	Mississippi
28	Missouri
29	Montana
30	Nebraska
31	Nevada
32	New Hampshire
33	New Jersey
34	New Mexico
35	New York
36	North Carolina
37	North Dakota
38	Northern Marianna Islands
39	Ohio
40	Oklahoma
41	Oregon
42	Pacific Trust Territories
43	Panama Canal Zone
44	Pennsylvania
45	Puerto Rico
46	Rhode Island
47	South Carolina
48	South Dakota
49	Tennessee
50	Texas
51	Utah
52	Vermont
53	Virginia
54	Virgin Islands
55	Washington
56	West Virginia
57	Wisconsin
58	Wyoming

REGION CODES

(To be completed by each project, where applicable)

LINKER CODES

(To be completed by each project, where applicable)

APPENDIX C. GLOSSARY OF TERMS

GLOSSARY OF TERMS

Audiovisual Materials: Materials, other than books, that appeal directly to the senses of sight and hearing such as charts, models, recordings, slides, and films.

Bibliographies, Noncomputerized: A listing of books or other resources describing authorship, editions, physical form, etc. in noncomputerized form.

Bibliographic Citations Without Abstracts: A computerized bibliography.

Curriculum/Instruction Materials: Resources which may be helpful to a teacher in the preparation of a unit of instruction, e.g., a chapter from a textbook or a curriculum guide.

ERIC Abstracts: Short computer-generated bibliographic citations with an annotative description of the citation.

ERIC Documents: Articles supplied by an ERIC search, reproduced by:

Photocopies (Xerox® copies)

Microfiche (or microfilm or microform)

Human Resource Reference: A consultant; a person who may provide assistance.

Journal Articles: Reprints or copies of articles from educational or scientific journals.

Legislation/Regulations: Federal and State laws, regulations and guidelines.

Professional Materials: Xeroxed® excerpts from books and any other documents except journals.

Program/Project Descriptions: Brief explanations of past or current educational programs and projects.

These definitions were modified from those appearing in Good, Carter V. (Ed.), Dictionary of Education, N.Y.: McGraw-Hill, 1973.

APPENDIX D. AN EXAMPLE USING CAP

APPENDIX D. AN EXAMPLE USING CAP

I. PRACTICE

Now we would like to give you an opportunity to practice filling out the forms. A case study will be presented and your task is to complete the first two forms using this example. Correctly completed forms will follow to enable you to evaluate your own work.

You might also want to practice filling out a linker form using yourself as the linker. In case clients call with questions about the two client forms, it also would be helpful for you to look over these two forms so that you understand them.

After reading the case presented, please fill out each form appropriately. Then compare your results with the completed forms at the end of the manual.

II. CASE STUDY

Mr. P. is an elementary music teacher at "X" Elementary School (First Street, Small City, Texas 78700). His phone number is 512/456-6789.

On December 8, 1978, Mr. P. calls the resource base directly to ask for some information. He speaks with you, a resource base staff member whose assigned linker number is "10." This is service request number 323. Small City is in Region 5 of Texas.

Mr. P. has used this service twice in the past for different problems. He first learned about the service from another teacher at his school. This time, Mr. P. is seeking information on teaching music education to elementary school children, grades K-6. Specifically, he would like to develop a music education learning center. He doesn't know how to do this. He would like to know what has been done in this area since 1970. He is interested in any available materials, especially audio-visual aids. He would like you to conduct a computerized search of the ERIC file and manual searches of all other possible resources.

Mr. P. plans to share the information with other music teachers in his school district. The music teachers meet together formally once every two months. With their support, he would like to develop a pilot learning center for music education.

II. CASE STUDY (continued)

Mr. P. is very clear about what he wants and you do not need to assist him in formulating his problem statement. You write out the problem statement yourself and need no further contact with Mr. P. You will mail your response to Mr. P. He would like it by January 8, 1979.

Mr. P. has already talked to people at the public library and plans to contact the state media services division.

Mr. P. lives in a small city of about 40,000 people. He has been a teacher for three years, but worked as a teacher's aide for two years prior to that. He is working on a Master's degree now.

You begin with a computerized ERIC Search which yields 25 abstracts. Then, you check for descriptions of current programs and curriculum/instruction materials. Your manual search yields seven program descriptions and two sources of curriculum/instruction materials. You also find two audio-visual aids which are relevant to Mr. P.'s request.

Your complete your search and mail Mr. P. his information on December 20, 1978.

SERVICE FORM

Client's Name: Mr. P

School/Institution: "X" Elementary School

Mailing Address: First Street
(Street)

Small City, Texas 78700
(City) (State) (Zip Code)

Business Phone Number: 512/456-6789

IDENTIFICATION NUMBER

State	Region	Linker	Service
5	0 0 0 5	0 1 0	0 0 3 2 3

Date Request Received		Date Response Desired		Date Response Delivered	
Mo.	Day	Mo.	Day	Mo.	Day
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

	Telecommunications	Walk-in	Phone	Mail	Local Resource Person	Linking Agent
REQUEST RECEIVED From client by. . . .	○	○	●	○	○	○
RESPONSE DELIVERED To client by.	○	○	○	●	○	○

- For marking answers, use No. 2 pencil only.
- Please fill in all circles completely (●).
- Make no marks outside of the circles, except where requested.
- Written information should be given only where boxes ( ) have been supplied.
- Erase completely any answers you wish to change.

OMB No. 51-S-78021 Expiration Date: 12-31-80

"This report is authorized by Law 20 U.S.C. 1221e. While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive, accurate and timely."

2349-ODF-54321

1. **Is the client a:**

○ first time user
(If client is a first time user, please skip question 2.)

● repeat user

2.a. **Is repeat use for:**

○ single problem follow-up

● another problem

b. **Please estimate the number of times of prior use by client.**

UNITS ○ ① ● ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
TENS ● ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

3. **PROBLEM STATEMENT.** (Please give a narrative description of the problem about which the client is requesting information or assistance. Be specific, define phrases with special meaning. Indicate any aspects which should be excluded.)

(Write description here.)

Music teacher is seeking information on teaching music education to elementary children, grades K-6. Specifically, he would like to develop a learning center for music education, but doesn't know how to do this. He wants to know what has been done in the area since 1970. He is interested in all available materials, especially audio-visual aids.

4. **To what extent did you have to assist the client in developing the problem statement?** (Please fill in one circle.)

● Not at all ○ Limited ○ Moderately ○ Extensively ○ Very Extensively

5. **Information may be provided in different forms. Not all forms may be available for a specific request. If the client has a choice, what types of materials/assistance would be most useful?** (Please fill in all circles that apply.)

○ No specific materials indicated
○ Bibliographic Citations without Abstracts
○ ERIC Abstracts

ERIC Documents
○ In Photocopy form
○ In Microfiche form

○ Non-computerized Bibliography

Journal Articles
○ In Photocopy form
○ In Microfiche form

Professional Materials
○ In Photocopy form
○ In Microfiche form

○ Program/Project Descriptions
○ Prepackaged Information
○ Human Resource References
○ Curriculum/Instruct. Materials
● Audio-visual Materials

● Other Any available materials

6. **TYPE OF SEARCH DESIRED** (Please fill in one circle.)

- ○ Manual
- ○ Computerized
- ● Both

---

7. **PURPOSE STATEMENT.** (Please write a narrative description of the reason or purpose for which the information and assistance will be used. Please be specific.)

(Write description here.)

Mr. P. plans to share the information with other music teachers in his school district. With their support, he would like to develop a pilot learning center for music education.

---

8. Please fill in the one appropriate circle which best summarizes the intended purpose of this request.

- ○ awareness (background/reading assistance only)
- ○ classroom planning/instruction
- ○ regular curriculum development/ revision
- ● special program/project planning
- ○ program evaluation
- ○ dissertation, thesis research
- ○ speech or report
- ○ policy development
- ○ graduate course
- ○ other personal professional development
- ○ other [ ]

9. AUDIENCE GRADE LEVEL

What is the grade level(s) of the intended audience for which this information is being requested? (This is not necessarily the level of the client.)
(Please fill in the appropriate circle or circles.)

○ Pre-k	○ 7
● K	○ 8
● 1	○ 9
● 2	○ 10
● 3	○ 11
● 4	○ 12
● 5	○ K-12
● 6	

- ○ Higher Education/Post-secondary (Credit)
- ○ Continuing Education/Adult Education (Non-Credit)
- ○ Vocational Technical Education
- ○ Other [ ]
- ○ Not applicable

10. TIME SPAN (Please fill in one circle.)

(Provide the time span of information the client desires.)

- ○ Current year only
- ○ Last two years
- ○ Last five years
- ● 1970-current
- ○ Historical (Complete search of all materials)
- ○ Other [ ]

11. Who plans to use the information/assistance provided? (Please fill in one circle.)

- ○ Individual requestor only
- ○ One other individual (in addition to requestor)
- ○ Several other individuals (in addition to requestor)
- ○ Informally constituted group (in addition to requestor)
- ● Formal group, class, or committee (in addition to requestor)
- ○ Someone other than requestor

12. What other sources of information and assistance has the client contacted prior to contacting you?

Public Library

13. What other sources of information and assistance will the client be contacting in addition to this service?

State Media Services Division

14. AWARENESS

How did the client find out about these services? (Please fill in all circles that apply.)

- ○ Presentation
- ○ State Education Agency Consultant
- ○ Local School or District Representative
- ○ Article or Publication: News or Journal
- ○ District Newsletter
- ○ Brochure
- ○ Colleague
- ○ Linking Agent
- ○ Professional Association
- ● Teacher in Client's School
- ○ Don't recall
- ○ Other [ ]

15. POSITION

What position does the client hold? (Please fill in the single position which most closely describes the role the client plays in making this request.)

LEA

Teacher

- ○ Preschool
- ○ Kindergarten
- ● Elementary
- ○ Secondary
- ○ Other [ ]

Administrative & Ancillary

- ○ Guidance Counselor
- ○ Principal
- ○ Local Superintendent
- ○ LEA Curriculum Specialist
- ○ Librarian/Media Specialist
- ○ Other [ ]

Intermediate Service Agency

- ○ Consultant
- ○ Administrator
- ○ Support Staff
- ○ Project Director
- ○ Information Specialist/Dissemination Coordinator
- ○ Other [ ]

SEA

- ○ Curriculum/Instruction Specialist
- ○ Research, Planning and Evaluation Specialist
- ○ Vocational Education
- ○ Special Education
- ○ Bilingual Education
- ○ Title I Coordinator
- ○ Title IV Coordinator
- ○ Title IX Coordinator
- ○ Information Specialist/ Dissemination Coordinator
- ○ Other [ ]

POST SECONDARY EDUCATION

- ○ Junior/Technical College Professional
- ○ Junior/Technical College Administrator
- ○ Institute of Higher Education Professional
- ○ Institute of Higher Education Administrator
- ○ Graduate Student
- ○ Other [ ]

EDUCATIONAL LABORATORY OR R&D CENTER

- ○ Professional
- ○ Administrator
- ○ Other [ ]

STATE OFFICES

- ○ State Board Member
- ○ State Commission/State Advisory Group
- ○ Governor's Office
- ○ Legislator
- ○ Other [ ]

STUDENT

- ○ Elementary
- ○ Middle School
- ○ Secondary
- ○ Undergraduate
- ○ Graduate
- ○ Other [ ]

GENERAL PUBLIC

- ○ Parent
- ○ Community Group
- ○ Other [ ]

16. LOCATION

Which one of the following best describes the geographic location of this client?
(Please fill in one circle.)

- ○ Rural farming community
- ● Small city or town of fewer than 50,000 people that is not a suburb of a larger city
- ○ Medium-sized city (50,000—100,000)
- ○ Suburb of a medium-sized city
- ○ Large city (100,000—500,000)
- ○ Suburb of a large city
- ○ Very large city (over 500,000)
- ○ Suburb of a very large city
- ○ N.A.

---

17. PROFESSIONAL EXPERIENCE IN THE FIELD OF EDUCATION

(Please fill in one circle.)

- ○ None
- ○ 1 to 2 years
- ● 3 to 5 years
- ○ 6 to 10 years
- ○ 11 or more years

---

18. EDUCATION

a) **What is the highest degree that the client has achieved?** (Please fill in one circle.)

- ○ Less than a B.A. or B.S.
- ○ A B.A. or B.S.
- ● Additional graduate credits beyond a B.A. or B.S.
- ○ An M.A. or M.S.
- ○ Additional graduate credits beyond an M.A. or M.S.
- ○ A Ph.D. or Ed.D.
- ○ Other [ ]

b) **Client is currently:** (Please fill in one circle.)

- ● Enrolled in a formal education program
- ○ Planning to take courses
- ○ Taking selected courses
- ○ Not Applicable

19. **CATEGORY**

(For what area(s) has the client requested information? Please fill in all circles that apply.)

Curriculum Areas

- ○ Art Education
- ○ Business Education
- ○ Consumer Education
- ○ Dramatics
- ○ Driver Education
- ○ Drug/Alcohol Education
- ○ Environmental Education
- ○ Ethnic Studies
- ○ Foreign Language Arts
- ○ Health Education
- ○ Home Economics
- ○ Language Arts
- ○ Literature
- ○ Mathematics
- ○ Metric Education
- ● Music Education
- ○ Nutrition
- ○ Physical Education
- ○ Reading
- ○ Religion
- ○ Safety Education
- ○ Science
- ○ Sex Education
- ○ Social Studies
- ○ Vocational Education
- ○ Other [ ]

Learners with Special Needs

- ○ Adult Learners
- ○ Behavior Disordered
- ○ Bilingual
- ○ Community Members
- ○ Drop-Outs
- ○ Early Childhood
- ○ Educable Mentally Handi.
- ○ Gifted and Talented
- ○ Hearing Impaired
- ○ Homebound/Hospitalized
- ○ Learning Disabled
- ○ Migrant Learners
- ○ Multiply Handicapped
- ○ Neglected/Delinquent
- ○ Physically Handicapped
- ○ Severe/Profound Handicapped
- ○ Speech/Language Impaired
- ○ Trainable Mentally Handi.
- ○ Visually Impaired
- ○ Other [ ]

Services

- ○ Child Care (Day Care)
- ○ Child Welfare
- ○ Conferences
- ○ Consultations
- ○ Counseling/Guidance
- ○ Demonstrations
- ○ Diagnostics
- ○ Information Dissemination
- ○ Information Retrieval
- ○ Instruction
- ● Learning Center/Library
- ○ Media/Materials
- ○ Media Production
- ○ Medical & School Health
- ○ Organizational Development
- ○ Parents
- ○ Personal Custodial Care
- ○ Psychiatric
- ○ Psychological
- ○ Rehabilitation
- ○ Remediation
- ○ Research
- ○ Residential
- ○ Staff Development
- ○ Statistics
- ○ Teacher Center
- ○ Workshops
- ○ Other [ ]

Special Programs

- ○ Alternative Education
- ○ Child Abuse and Neglect
- ○ Community Education
- ○ Compensatory Education
- ○ Desegregation, Civil Rights
- ○ Elim. of Sex Discrim. (Ti. IX)
- ○ Individualized Instruction
- ○ Inservice Teacher Training
- ○ Least Restrictive Alternatives
- ○ Mainstreaming
- ○ Motivation
- ○ Parenthood Education
- ○ Pre-Service Teacher Training
- ○ Right-To-Read
- ○ Rights (Student/Parent)
- ○ School Foods
- ○ Staff Development
- ○ Truant Alternative Education
- ○ Women's Studies
- ○ Other [ ]

Administrative Areas

- ○ Advisory Boards
- ○ Auditing
- ○ Community Relations
- ○ Enrollment
- ○ Facilities & Physical Plant
- ○ Financial
- ○ Grants/Funding
- ○ Legal
- ○ Organizational
- ○ Operational/MBO
- ○ Personnel & Staffing
- ○ Steering Committee
- ○ Supervision
- ○ Transportation
- ○ Other [ ]

Concept or Skill Areas

- ○ Affective Education
- ○ Aging
- ○ Career Education
- ○ Child Development
- ○ Communicative Skills
- ○ Daily Living Skills
- ○ Death and Dying
- ○ Educational Technology
- ○ Emotional Development
- ○ Moral Education
- ○ Motor Skills
- ○ Perceptual Skills
- ○ Recreation Readiness
- ○ Self Concept
- ○ Social Development
- ○ Values Education
- ○ Visual Literacy
- ○ Other [ ]

Program Planning, Development and Evaluation

- ○ Assessment
- ○ Effective Ed. Programming
- ○ Educational Planning
- ○ Pre-Service Education
- ○ In-Service Education
- ○ Teaching Methods & Techniques
- ○ instrument Development
- ○ Proposal Development
- ○ Curriculum Development/Revision
- ○ Curriculum Evaluation
- ○ Materials Evaluation
- ○ Program Evaluation
- ○ Student Evaluation
- ○ Teacher Evaluation
- ○ Other [ ]

IMMEDIATE FEEDBACK FORM

Please provide your opinions regarding the information or assistance provided to you. Thank you very much.

IDENTIFICATION NUMBER

State	Region	Linker	Service
0 0	0 0 0	0 0 0	0 0 0 0 0
1 1	1 1 1	1 1 1	1 1 1 1 1
2 2	2 2 2	2 2 2	2 2 2 2 2
3 3	3 3 3	3 3 3	3 3 3 3 3
4 4	4 4 4	4 4 4	4 4 4 4 4
5 5	5 5 5	5 5 5	5 5 5 5 5
6 6	6 6 6	6 6 6	6 6 6 6 6
7 7	7 7 7	7 7 7	7 7 7 7 7
8 8	8 8 8	8 8 8	8 8 8 8 8
9 9	9 9 9	9 9 9	9 9 9 9 9

- For marking answers, use No. 2 pencil only.
- Please fill in all circles completely (●).
- Make no marks outside of the circles, except where requested.
- Written information should be given only where boxes ( ) have been supplied.
- Erase completely any answers you wish to change.

OMB No. 51-S-78021 Expiration Date: 12-31-80

"This report is authorized by Law 20 U.S.C. 1221e. While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive, accurate and timely."

2346-ODF-54321

1. **How urgent or pressing is the request that motivated you to make use of the information service?** (Please fill in one circle.)

Not at all pressing ① ② ③ ④ ⑤ Extremely pressing

---

2. **If you received <u>materials</u>, how extensively did you review them?** (Please fill in one circle.)

Not at all ① ② ③ ④ ⑤ Very Extensively

---

3. **If you have received <u>personal assistance</u> (linker or consultant), how would you characterize the nature of that assistance?** (Please fill in appropriate circles.)

① Finding resources and information
② Helping with planning and the processes involved
③ Giving solutions to problems or needs
④ Providing generalist services
⑤ Other

---

4. **To what extent is the information and/or assistance <u>relevant</u> to your original request?** (Please fill in one circle.)

None relevant ① ② ③ ④ ⑤ All relevant

---

5. **How <u>completely</u> does the information and/or assistance address your original request?** (Please fill in one circle.)

Not at all ① ② ③ ④ ⑤ Completely

---

6. **How timely is the information or assistance toward addressing your original request?** (Please fill in one circle.)

Too late to be useful ① ② ③ ④ ⑤ Much ahead of when needed

Right on Time

---

7. **How new or novel is the information and/or assistance in reference to your prior knowledge and experience?** (Please fill in one circle.)

Not at all new ① ② ③ ④ ⑤ All new

---

8. **How useful does it appear that the information and/or assistance will be for its intended purpose?** (Please fill in one circle.)

Not very useful ① ② ③ ④ ⑤ Very useful

---

9. **To what extent would you recommend this service to a colleague in need of information/assistance?** (Please fill in one circle.)

Would not recommend ① ② ③ ④ ⑤ Would recommend very highly

---

10. **If you have additional requests, would you use the service again?** (Please fill in one circle.)

Definitely would not ① ② ③ ④ ⑤ Definitely would

---

11. **What comments, if any, would you like to make about this service?**

LINKER FORM

Linker's Name _____

School/Institution _____

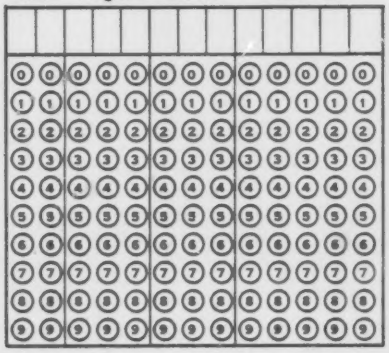
Mailing Address _____
Street

_____
City State Zip Code

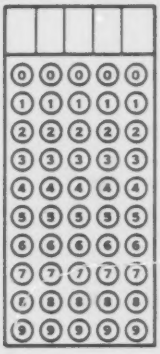
Business Phone Number _____ _____

IDENTIFICATION NUMBER

State Region Linker Service



Approximate Number of Clients
You Serve Per Month



- For marking answers, use No. 2 pencil only.
- Please fill in all circles completely (●).
- Make no marks outside of the circles, except where requested.
- Written information should be given only where boxes ( ) have been supplied.
- Erase completely any answers you wish to change.

OMB No. 51-S-78021 Expiration Date: 12-31-80

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2348-ODF-54321

1. POSITIONS

(Please fill in all circles that apply.)

Previous | **Current** | **LEA** | **Teacher**

- ○ ○ Preschool
- ○ ○ Kindergarten
- ○ ○ Elementary
- ○ ○ Secondary
- ○ ○ Other [ ]

Administrative & Ancillary

- ○ ○ Guidance Counselor
- ○ ○ Principal
- ○ ○ Local Superintendent
- ○ ○ LEA Curriculum Specialist
- ○ ○ Librarian/Media Specialist
- ○ ○ Other [ ]

Intermediate Service Agency

- ○ ○ Consultant
- ○ ○ Administrator
- ○ ○ Support Staff
- ○ ○ Project Director
- ○ ○ Information Specialist/Dissemination Coordinator
- ○ ○ Other [ ]

SEA

- ○ ○ Curriculum/Instruction Specialist
- ○ ○ Research, Planning and Evaluation Specialist
- ○ ○ Vocational Education
- ○ ○ Special Education
- ○ ○ Bilingual Education
- ○ ○ Title I Coordinator
- ○ ○ Title IV Coordinator
- ○ ○ Title IX Coordinator
- ○ ○ Information Specialist/Dissemination Coordinator
- ○ ○ Other [ ]

POST SECONDARY EDUCATION

- ○ ○ Junior/Technical College Professional
- ○ ○ Junior/Technical College Administrator
- ○ ○ Institute of Higher Education Professional
- ○ ○ Institute of Higher Education Administrator
- ○ ○ Graduate Student
- ○ ○ Other [ ]

EDUCATIONAL LABORATORY OR R&D CENTER

- ○ ○ Professional
- ○ ○ Administrator
- ○ ○ Other [ ]

2. EDUCATION

What is the highest degree that you have achieved?
(Please fill in one circle.)

- Less than a B.A. or B.S. ○
- A B.A. or a B.S. ○
- Additional graduate credits beyond a B.A. or B.S. ○
- An M.A. or an M.S. ○
- Additional graduate credits beyond an M.A. or an M.S. ○
- A Ph.D. or Ed.D. ○
- Other [ ] ○

3. To what extent do you perform the following functions in your role as linking agent?

	Never				Usually
Spread of information through media, printed materials, and other one-way methods to clients.	①	②	③	④	⑤
Exchange of information between clients and the information resource base	①	②	③	④	⑤
Encouragement or training to enhance decision-making skills which enable a choice of information and activity from alternatives.	①	②	③	④	⑤
Assisting clients in implementing new methods.	①	②	③	④	⑤

4. PROFESSIONAL EXPERIENCE IN EDUCATION

(Please fill in one circle.)

- 0 to 2 years ○
- 3 to 5 years ○
- 6 to 10 years ○
- 11 or more years ○

5. **Linkers come from different backgrounds with different types of training and experience. For the content areas listed below, please indicate whether you have substantial expertise or some expertise by filling in the appropriate circle. If you have little or no expertise, leave the circles blank.**

Substantial Expertise / Some Expertise

Curriculum Areas

- ○○ Art Education
- ○○ Business Education
- ○○ Consumer Education
- ○○ Dramatics
- ○○ Driver Education
- ○○ Drug/Alcohol Education
- ○○ Environmental Education
- ○○ Ethnic Studies
- ○○ Foreign Language Arts
- ○○ Health Education
- ○○ Home Economics
- ○○ Language Arts
- ○○ Literature
- ○○ Mathematics
- ○○ Metric Education
- ○○ Music Education
- ○○ Nutrition
- ○○ Physical Education
- ○○ Reading
- ○○ Religion
- ○○ Safety Education
- ○○ Science
- ○○ Sex Education
- ○○ Social Studies
- ○○ Vocational Education
- ○○ Other [ ]

Learners with Special Needs

- ○○ Adult Learners
- ○○ Behavior Disordered
- ○○ Bilingual
- ○○ Community Members
- ○○ Drop-Outs
- ○○ Early Childhood
- ○○ Educable Mentally Handicapped
- ○○ Gifted and Talented
- ○○ Hearing Impaired
- ○○ Homebound/Hospitalized
- ○○ Learning Disabled
- ○○ Migrant Learners
- ○○ Multiply Handicapped
- ○○ Neglected/Delinquent
- ○○ Physically Handicapped
- ○○ Severe/Profound Handicapped
- ○○ Speech/Language Impaired
- ○○ Trainable Mentally Handicapped
- ○○ Visually Impaired
- ○○ Other [ ]

Substantial Expertise / Some Expertise

Services

- ○○ Child Care (Day Care)
- ○○ Child Welfare
- ○○ Conferences
- ○○ Consultations
- ○○ Counseling/Guidance
- ○○ Demonstrations
- ○○ Diagnostics
- ○○ Information Dissemination
- ○○ Information Retrieval
- ○○ Instruction
- ○○ Learning Center/Library
- ○○ Media/Materials
- ○○ Media Production
- ○○ Medical & School Health
- ○○ Organizational Development
- ○○ Parents
- ○○ Personal Custodial Care
- ○○ Psychiatric
- ○○ Psychological
- ○○ Rehabilitation
- ○○ Remediation
- ○○ Research
- ○○ Residential
- ○○ Staff Development
- ○○ Statistics
- ○○ Teacher Center
- ○○ Workshops
- ○○ Other [ ]

Special Programs

- ○○ Alternative Education
- ○○ Child Abuse and Neglect
- ○○ Community Education
- ○○ Compensatory Education
- ○○ Desegration, Civil Rights
- ○○ Elim. of Sex Discrim. (Ti. IX)
- ○○ Individualized Instruction
- ○○ Inservice Teacher Training
- ○○ Least Restrictive Alternatives
- ○○ Mainstreaming
- ○○ Motivation
- ○○ Parenthood Education
- ○○ Pre-Service Teacher Training
- ○○ Right-To-Read
- ○○ Rights (Student/Parent)
- ○○ School Foods
- ○○ Staff Development
- ○○ Truant Alternative Education
- ○○ Women's Studies
- ○○ Other [ ]

Substantial Expertise / Some Expertise

Administrative Areas

- ○○ Advisory Board
- ○○ Auditing
- ○○ Community Relations
- ○○ Enrollment
- ○○ Facilities & Physical Plant
- ○○ Financial
- ○○ Grants/Funding
- ○○ Legal
- ○○ Organizational
- ○○ Operational/MBO
- ○○ Personnel & Staffing
- ○○ Steering Committee
- ○○ Supervision
- ○○ Transportation
- ○○ Other [ ]

Concept or Skill Areas

- ○○ Affective Education
- ○○ Aging
- ○○ Career Education
- ○○ Child Development
- ○○ Communicative Skills
- ○○ Daily Living Skills
- ○○ Death and Dying
- ○○ Educational Technology
- ○○ Emotional Development
- ○○ Moral Education
- ○○ Motor Skills
- ○○ Perceptual Skills
- ○○ Recreation Readiness
- ○○ Self Concept
- ○○ Social Development
- ○○ Values Education
- ○○ Visual Literacy
- ○○ Other [ ]

Program Planning, Development and Evaluation

- ○○ Assessment
- ○○ Effective Ed. Programming
- ○○ Educational Planning
- ○○ Pre-Service Education
- ○○ In-Service Education
- ○○ Teaching Methods & Techniques
- ○○ Instrument Development
- ○○ Proposal Development
- ○○ Curriculum Dev./Revision
- ○○ Curriculum Evaluation
- ○○ Materials Evaluation
- ○○ Program Evaluation
- ○○ Student Evaluation
- ○○ Teacher Evaluation
- ○○ Other [ ]

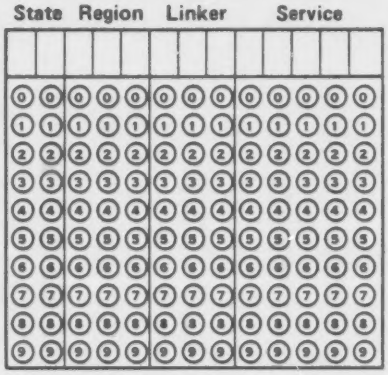
6. **This question is comprised of two parts, one for the "real" world in which you work and one for the "ideal" world in which you would like to work. First, in the column marked "REAL," please estimate the extent to which you perform each of the following functions in your role as linking agent. Second, in the column marked "IDEAL," please estimate the extent to which you would perform the same functions in your role as linking agent in an ideal world.**

	"REAL"					"IDEAL"				
	Never				Almost Always	Never				Almost Always
Collecting and organizing information (e.g., securing and arranging information for client problems)	①	②	③	④	⑤	①	②	③	④	⑤
Analyzing information (e.g., determining the relevance of information to client problems)	①	②	③	④	⑤	①	②	③	④	⑤
Analyzing problems (e.g., translating client problems into informational and resource needs)	①	②	③	④	⑤	①	②	③	④	⑤
Monitoring ideas (e.g., keeping abreast of recent educational practices and innovations)	①	②	③	④	⑤	①	②	③	④	⑤
Managing conflict (e.g., helping others resolve discord)	①	②	③	④	⑤	①	②	③	④	⑤
Intervening (e.g., proactively seeking client needs)	①	②	③	④	⑤	①	②	③	④	⑤
Communicating (e.g., maintaining open personal communication with clients)	①	②	③	④	⑤	①	②	③	④	⑤
Disseminating (e.g., sharing information with clients in a two-way process)	①	②	③	④	⑤	①	②	③	④	⑤
Planning (e.g., preparing for future needs and services)	①	②	③	④	⑤	①	②	③	④	⑤
Marketing (e.g., promoting awareness of available services)	①	②	③	④	⑤	①	②	③	④	⑤
Implementing (e.g., assisting clients to install a new procedure)	①	②	③	④	⑤	①	②	③	④	⑤
Producing (e.g., developing materials or procedures for client utilization)	①	②	③	④	⑤	①	②	③	④	⑤
Influencing (e.g., promoting concepts and ideas for client utilization)	①	②	③	④	⑤	①	②	③	④	⑤

CLIENT ASSESSMENT FORM

IDENTIFICATION NUMBER

State	Region	Linker	Service



- For marking answers, use No. 2 pencil only.
- Please fill in all circles completely (●).
- Make no marks outside of the circles, except where requested.
- Written information should be given only where boxes ( ) have been supplied.
- Erase completely any answers you wish to change.

OMB No. 51-S-78021 Expiration Date: 12-31-80

"This report is authorized by Law 20 U.S.C. 1221e. While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive, accurate and timely."

2353-ODF-54321

1. **How would you rate specific materials provided as to their degree of usefulness?**
(Please fill in the appropriate circle for each type of material received.)

Type of Material	Very Limited or Not at All Useful				Very Useful
Bibliographic Citations without Abstracts	①	②	③	④	⑤
ERIC Abstracts	①	②	③	④	⑤
ERIC Documents					
In Photocopy form	①	②	③	④	⑤
In Microfiche form	①	②	③	④	⑤
Non-computerized Bibliography	①	②	③	④	⑤
Journal Articles					
In Photocopy form	①	②	③	④	⑤
In Microfiche form	①	②	③	④	⑤
Professional Materials					
In Photocopy form	①	②	③	④	⑤
In Microfiche form	①	②	③	④	⑤
Program/Project Descriptions	①	②	③	④	⑤
Human Resource References	①	②	③	④	⑤
Curriculum/Instruct. Materials	①	②	③	④	⑤
Audio-visual Materials	①	②	③	④	⑤
Other [ ]	①	②	③	④	⑤

---

2. **If you received personal assistance, how would you rate your satisfaction along the following dimensions with the personal assistance provided?**

	Not at All Satisfied				Very Satisfied
Initial understanding of your problem or need	①	②	③	④	⑤
Ability to communicate in general	①	②	③	④	⑤
Helpfulness in interpreting the materials or information received	①	②	③	④	⑤

---

3. **How much time did the above individual spend with you?** (Please estimate.)

Before or at the time of initial request?

Hours		Min.	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6		6
7	7		7
8	8		8
9	9		9

In helping you interpret or use the information after it was received?

Hours		Min.	
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6		6
7	7		7
8	8		8
9	9		9

---

4. **How <u>different from or consistent with</u> your previous beliefs and values is the information and/or assistance?**

Very different from values and beliefs ① ② ③ ④ ⑤ Very consistent with values and beliefs

5. **Needs or problems that may motivate people to look for information may originate from a variety of sources. Please examine the following list of sources and fill in the one response which most closely approximates the source that characterized this request.**

- ○ A school-wide or agency-wide need
- ○ A need or problem which affected several classrooms or departments within my organization
- ○ A need or problem which affected only one classroom or department in my organization
- ○ A need or problem which affected only a few individuals within my school or agency
- ○ A need or problem which affected only one individual within my school or agency
- ○ A need for information to complete a professional paper or papers for course work
- ○ Personal interest – no real need or problem
- ○ Other [ ]

---

6. **Did you request information or assistance as part of an on-going project or experimental program?**

○ Yes ○ No

If yes: How long had this project or program been going on when the initial request for information was made? (Please indicate the approximate number of months and/or weeks.)

Months		Weeks
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	
6	6	
7	7	
8	8	
9	9	

---

7. **Did you contact or seek other information and/or assistance sources prior to this one?**

○ Yes ○ No

If yes, please list. (e.g., State library, supervisor, a school psychologist.)

[ ]

8. **What action(s) have you taken since receiving the initial information and/or assistance?** (Please fill in all circles that apply.)

- ○ The initial information/assistance satisfied your need, and you took no additional action.
- ○ The initial information/assistance did not satisfy your need, and you took no additional action.

- ○ Based on information you received, you ordered the following materials: (Please fill in all circles that apply.)

ERIC Documents
- ○ In Photocopy form
- ○ In Microfiche form

Journal Articles
- ○ In Photocopy form
- ○ In Microfiche form

Professional Materials
- ○ In Photocopy form
- ○ In Microfiche form
- ○ Curriculum/Instructional Materials
- ○ Audio-visual Materials
- ○ Other Materials [ ]

- ○ Based on information you received, you took other actions: (Please fill in all circles that apply.)

- ○ You contacted other human resources or agencies.
- ○ You visited a demonstration site for a special project.
- ○ You sought more literature and information from this service.
- ○ You sought more literature and information from another source.
- ○ You sought more personal assistance from this service.
- ○ You sought more personal assistance from another source.

---

9. **Please indicate the response below that most accurately describes the degree to which you have actually been able to use the information or materials that you received:** (Please fill in all circles that apply.)

- ○ You have not been able to use it at all
- ○ You have been able to read it, but you have not been able to actually put it into practice
- ○ You have been able to use the information to write a position paper or other paper that you may be able to use in practice in the future
- ○ You have been able to use the information to develop a plan to improve existing programs or practices
- ○ You have been able to use the iqformation to modify or alter an existing plan for improving programs or practices
- ○ You have been able to use the information to justify existing programs or practices
- ○ The information caused you or others in your organization to reconsider a plan of action that was underway
- ○ You have been able to use the information to actually initiate a new program or practice
- ○ You have been able to use the information to make minor improvements in an on-going program or practice
- ○ Other [ ]

10. Please describe in as much detail as possible the actual use made of the information or assistance.
(Example: "The information was used, together with many other sources, as research material. The materials were used in preparing a proposal for an experimental program in teaching environmental studies to high school students. My principal approved the proposal, and I have requested technical assistance from Professor Smith at the State University and funding from the state.")

Please note: The response "in my job" or "in my classroom" would not be helpful or sufficient for the purpose of thoughtful evaluation of the services.

DO NOT WRITE IN THIS SHADED AREA	

THE FOLLOWING QUESTIONS ARE OPTIONAL, BUT WOULD BE BENEFICIAL IN ORDER TO BETTER UNDERSTAND THE INFORMATION NEEDS OF THE CLIENTS OF THIS PROGRAM.

11. **Prior to making your request for information/assistance, did you discuss the need for information or assistance with any of the following groups of individuals?** (Please indicate the number of individuals for each category.)

	Number of individuals				
	0	1	2 or 3	4 or 5	more than 5
Superiors or supervisors	○	○	○	○	○
Peers or colleagues (those holding a position similar to your own in the same organization)	○	○	○	○	○
Staff	○	○	○	○	○
Committees	○	○	○	○	○
Consultants or specialists (individuals who were providing assistance to you in your work)	○	○	○	○	○
Linking agents representing the service from which you requested assistance	○	○	○	○	○
Professional friends or colleagues (other educators located outside your organization)	○	○	○	○	○
Other [ ]	○	○	○	○	○

12. **After receiving the information or assistance, did you share the information or assistance with any of the following groups of individuals?** (Please indicate the number of individuals for each category.)

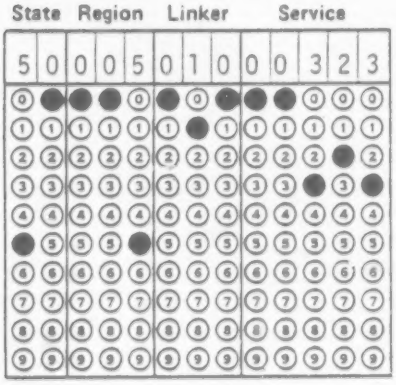
	Number of individuals				
	0	1	2 or 3	4 or 5	more than 5
Superiors or supervisors	○	○	○	○	○
Peers or colleagues (those holding a position similar to your own in the same organization)	○	○	○	○	○
Staff	○	○	○	○	○
Committees	○	○	○	○	○
Consultants or specialists (individuals who were providing assistance to you in your work)	○	○	○	○	○
Linking agents representing the service from which you requested assistance	○	○	○	○	○
Professional friends or colleagues (other educators located outside your organization)	○	○	○	○	○
Other [ ]	○	○	○	○	○

PROCESS FORM

(This form is to be completed by the individual
who actually processes the client's request.)

IDENTIFICATION NUMBER

State		Region			Linker			Service				
5	0	0	0	5	0	1	0	0	0	3	2	3



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- Please fill in all circles completely (●).
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OMB No. 51-S-78021 Expiration Date: 12-31-80

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2347-ODF-54321

1. **If your agency did not formulate the problem statement, please rate the quality of the problem statement.** (Please fill in one circle.)

- ● Immediately useable
- ○ Useable, some interpretation
- ○ Unuseable, needed to recontact linker or original requestor

2. **If the request was renegotiated upon recontact, why?**

Write answer here.

3. **What information files/sources were searched?** (Please fill in appropriate circles.)

	Manual	Computerized
ERIC	①	●
Other Research Info. Files	①	②
Prepackaged Information	①	②
Human Resource File	①	②
Other Agencies (e.g. library)	①	②
Audio-Visual/Nonprint media, files	●	②
Professional Collection (e.g. books, monographs)	●	②
Curriculum/Instructional Materials	●	②
Legislation/Regulations	①	②
Program/Project Descriptions	●	②
Other Reference Tools	①	②

4. **How many of the following were provided to requestor?** (If any of the following materials were provided, please fill in appropriate circles.)

	1–2	3–5	6–10	11–25	26–50	51–100	More than 100
Bibliographic Citations without Abstracts (Computerized bibliography)	①	②	③	④	⑤	⑥	⑦
ERIC Abstracts	①	②	③	●	⑤	⑥	⑦
ERIC Documents							
In Photocopy form	①	②	③	④	⑤	⑥	⑦
In Microfiche form	①	②	③	④	⑤	⑥	⑦
Non-computerized Bibliography	①	②	③	④	⑤	⑥	⑦
Journal Articles							
In Photocopy form	①	②	③	④	⑤	⑥	⑦
In Microfiche form	①	②	③	④	⑤	⑥	⑦
Professional Materials							
In Photocopy form	①	②	③	④	⑤	⑥	⑦
In Microfiche form	①	②	③	④	⑤	⑥	⑦
Program/Project Descriptions	①	②	●	④	⑤	⑥	⑦
Prepackaged Information	①	②	③	④	⑤	⑥	⑦
Human Resource References	①	②	③	④	⑤	⑥	⑦
Curriculum/Instructional Materials	●	②	③	④	⑤	⑥	⑦
Audio-visual Materials	●	②	③	④	⑤	⑥	⑦
Other (please describe)	①	②	③	④	⑤	⑥	⑦

NTS Research Corporation is a private research and evaluation firm working to improve education throughout the country. NTS performs contract work for federal, state, and local government agencies. The company also conducts independent programs and research, funded through government and foundation contracts and corporate contributions. In addition, NTS provides test scoring, large scale data reduction and analysis for local schools and private corporations. The company develops and markets test for worldwide distribution. NTS also conducts market research and nationwide surveys for clients.

"END OF DOCUMENT"